

# Agenda

## FLATHEAD CITY–COUNTY BOARD OF HEALTH MEETING AGENDA

February 17, 2022

1:00-3:00PM

Conference Room A/B in the Earl Bennett Building

We are continuing to use our in person meeting policy. The number of individuals in the audience that can be in the board room at one time will be limited based on social distancing.

In Person OR Zoom/Phone

To register or submit public comment please click [here](#) and submit by 11 am on 02/17/2022

1. **Call to Order**
2. **Attendance**
3. **Approval of Agenda**
4. **Citizen Comment**
  - [Written Public Comment](#)
  - Verbal Citizen Comment
5. [Approve Minutes for January 18, 2022 Meeting](#)
6. **Gold Star Award for Food Services ~ Action Item**
  - [Policy 2022 – 01 EH](#)
7. **Variance Request of Joe Holmes ~ Action Item**
  - [Variance Request Attachment](#)
8. **Mosquito 2022 Pesticide Discharge Management Plan ~ Action Item**
  - [Summary of Proposed Changes, 2022](#)
9. **Modifications of the FCRSTS Flathead County Regulations For Sewage Treatment Solution**
  - [Modifications of the FCRSTS](#)
10. **Discussion of the Need for a Proper Legal Opinion**
11. **Discussion of the Need for More Complete Hospital Data**
  - [Hospital Data](#)
12. **Departmental Reports**
  - [Environmental Health](#)
  - [Community Health](#)
  - [Family Planning](#)
  - [Finance](#)
  - [Health Officers Report](#)
13. **Committee Reports**
  - COVID 19 Committee
14. **Board Member Discussion**
15. **Adjournment**
16. **Divisions not providing verbal presentations this month:**
  - [Animal Shelter](#)
  - [Population Health](#)
  - Mosquito
  - [Home Health](#)

Flathead City-County Health Department  
1035 1<sup>st</sup> Avenue West  
Kalispell, MT 59901 – 2<sup>nd</sup> Floor  
406-751-8101 main line  
406-751-8102 fax

## Public Comment for Board of Health Meeting - Entry #4350

**First and Last Name**

Joanne Morrow

**City of Residence**

Niarada (southern tip of Flathead County)

**Public Comment**

I simply want to affirm that I completely support all of Joe Russell's efforts to protect the health of Flathead County residents, including my husband Jeff Morrow and myself. Mr. Russell is a voice of reason for the Board of Health. Thank you, Mr. Russell.

[Flathead City-County Health Department](#)

## Public Comment for Board of Health Meeting - Entry #4382

<b>First and Last Name</b>
Shaun Pandina
<b>City of Residence</b>
Kalispell
<b>Public Comment</b>
Joe has got to Go.
Please hire a local person and cancel the Head hunter firm.

[Flathead City-County Health Department](#)

## Public Comment for Board of Health Meeting - Entry #4383

### First and Last Name

Scotia Brosnan

### City of Residence

Kalispell

### Public Comment

Health Board Meeting February 17, 2022

With the recruitment of the health officer finally underway candidate transparency to tax payers is imperative as well as required under the open meeting act which mentions public interviews when the public has a large stake in the position. Last year people applied with no answer at all and also the side sub-committee kept all candidates out of the public eye as well as away from full public board by declining them all at subcommittee initial gate in the interview processes.

As a taxpayer, I expect accountability from the health board, county commissioner's. As it is, we have a self appointed personnel subcommittee with Holmquist, Skees, Malberg, and Barnhart in addition to Holmquist also being a county commissioner. Holmquist wearing both hats by appointing health board members as county commissioner, then assigning her cronies to committees is an unacceptable conflict of interest.

I cannot emphasize enough the importance of informed consent to honor parental rights and children's health. Mr. Russell has been grossly negligent in the vital area of informed consent. Full vaccine information sheets with risks outlined are actually required PRIOR to injection. Russell can try to bypass the legal requirement due to experimental status (his excuse) only obfuscation does not negate his moral as well as legal obligations.

Let's even go further to acknowledge the COVID-19 shot is NOT a vaccine. Instead, it's an experimental gene therapy with an operating system that even Pfizer, Moderna acknowledge.

..."Myocarditis requiring hospitalization is known to occur in up to 1 in 2,000 teenage boys and young men at rates following mRNA jabs – a rate far higher than the rate caused by Covid infection.

In these cases, autopsies of the two teenagers found evidence of myocarditis – heart inflammation – that appeared very different than the standard presentation of myocarditis. The report suggested a hyper-inflammatory cytokine response could have driven the damage..."



<https://alexberenson.substack.com/p/the-mrna-covid-shots-are-killing/comments?token=eyJ1c2VyX2lkIjoxNTYyMTUyOCwicG9zdF9pZCI6NDg3NzAxNDUsIl8iOiJrZHZFRCIsImIhdCI6MTY0NDk1NTQoG95FVA7FeKGTQABo-k&r=9atnc>

Thank you.

Scotia C Brosnan  
Kalispell Montana

Sent from ProtonMail mobile

[Flathead City-County Health Department](#)

## Public Comment for Board of Health Meeting - Entry #4389

**First and Last Name**

Julie Martin

**City of Residence**

Kalispell

**Public Comment**

Dear Flathead County Board of Health,

I am writing to express my disappointment in how public comments were handled at the last meeting. Several members of the public were given their full allotted time and used it to lambast Dr. Bukacek, without interruption. But members of the public who were trying to give public comments regarding legitimate concerns regarding acting Health Officer Joe Russell, were gaveled and cut off, based on not allowing for "personal attacks." The glaring hypocrisy of this boggles the mind. The first amendment guarantees free speech and you are accountable to the public; therefore, all citizens should be allowed to speak for their allotted time, regardless if you like what they're saying or not.

Joe Russell has repeatedly overstepped his bounds and instead of reminding him of his limits, he has been allowed to continue, seemingly with full impunity. What the public is asking is not unreasonable. As medical professionals, one of our most important jobs is to give people fully informed consent prior to any medical procedure. He has not done this, particularly for parents.

It is not unreasonable to ask the health officer to give true & factual statistics regarding hospitalizations of vaccinated vs unvaccinated patients, regardless if the accurate statistics back up the narrative/agenda or not.

It is also not unreasonable for the public to expect that the hiring process for the health officer position is fully open and accountable to the public, unlike the completely closed and secretive process it has been in the past.

The Board of health needs to stop pushing an agenda and trampling the free speech rights of the citizens of Flathead county and get back to it's original intention - truly supporting the health of its citizens.

Thank you for your time and consideration.

Sincerely,

Julie Martin, RN, BSN, ACN

Kalispell



## Public Comment for Board of Health Meeting - Entry #4393

**First and Last Name**

Deanna Morrow

**City of Residence**

Kalispell

**Public Comment**

Hello,

It's my understanding the Flathead City-County Health Department is currently recruiting a new health officer. As a taxpayer in Flathead County, it's imperative to me that there is full candidate transparency, which is required under Montana's Open Meetings.

As a parent, I also want to stress the continued importance of informed consent to honor parental rights and children's health, which includes, but is not limited to, full vaccine information sheets with all of the risks outlined.

[Flathead City-County Health Department](#)

## Public Comment for Board of Health Meeting - Entry #4394

**First and Last Name**

Julie Baldrige

**City of Residence**

Kalispell

**Public Comment**

Dear Health Board,

With the ongoing efforts to recruit a new health officer, I am emailing to remind you of the importance and requirement of transparency to the public throughout the recruitment process. It is imperative that we not be kept out of the loop like we were last year.

Please appoint a Health Officer who will respect the personal liberties of We the People of Flathead County, who will be transparent in their actions as Health Officer, and who will work within the confines of their position.

Thank you for your service,

Julie Baldrige

Kalispell

[Flathead City-County Health Department](#)

## Public Comment for Board of Health Meeting - Entry #4395

**First and Last Name**

Carrey Hirt

**City of Residence**

Whitefish

**Public Comment**

Greetings Health Board and Commissioners,

First, what is really going on with Joe Russell? What is with the tyrannical “just do what I say and don’t ask questions” stuff?

I will leave it to others to list for you the many statutes Joe ignores, and I agree this lawlessness must be stopped immediately.

In addition, Joe is avoiding serious issues and is instead spreading confusion all over the place hoping that no one will actually read the vague forms and minimal information that he gives the parents.

Full vaccine information forms with all risks clearly outlined are REQUIRED PRIOR to injection! Joe refuses to give any such info. He is vaguely mentioning that he has it all covered due to EUA non approved status. This is not true, not at all helpful, and due to experimental status it’s even more critical to provide the proper vaccine information to parents. Vaccinations must be halted until this informed consent is offered.

Why not? Why all the song and dance around just telling the truth?

This is NOT even a basic level of responsible leadership, let alone the high level this community deserves. Joe and his ways have to go.

Second, the new Health Officer search is now on. Things MUST be different this time. Subcommittee members, you MUST do better! We all saw that last year some applicants got NO answer at all!

Also, the sub-committee kept all candidates out of the public eye, as well as away from any full public board by declining them all at subcommittee initial interview process.

The self appointed personnel subcommittee of Holmquist, Skees, Malberg, and Barnhart is a group that has been known to treat the voices, cares, and concerns of the public as if they are not important; and they instead act as if they know what’s best for the public. This dictatorial attitude and atmosphere must NOT continue! Make the HO selection transparent, and listen to the public’s wishes.

Be Better!

For God and Country,  
Carrey



## Public Comment for Board of Health Meeting - Entry #4396

**First and Last Name**

Julie Martin

**City of Residence**

Kalispell

**Public Comment**

Dear Flathead County Board of Health,

I am writing to express my disappointment in how public comments were handled at the last meeting. Several members of the public were given their full allotted time and used it to lambast Dr. Bukacek, without interruption. But members of the public who were trying to give public comments regarding legitimate concerns regarding acting Health Officer Joe Russell, were gaveled and cut off, based on not allowing for "personal attacks." The glaring hypocrisy of this boggles the mind. The first amendment guarantees free speech and you are accountable to the public; therefore, all citizens should be allowed to speak for their allotted time, regardless if you like what they're saying or not.

Joe Russell has repeatedly overstepped his bounds and instead of reminding him of his limits, he has been allowed to continue, seemingly with full impunity. What the public is asking is not unreasonable. As medical professionals, one of our most important jobs is to give people fully informed consent prior to any medical procedure. He has not done this, particularly for parents.

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The Board of health needs to stop pushing an agenda and trampling the free speech rights of the citizens of Flathead county and get back to it's original intention - truly supporting the health of its citizens.

Thank you for your time and consideration.

Sincerely,

Julie Martin, RN, BSN, ACN  
Kalispell





## Public Comment for Board of Health Meeting - Entry #4399

**First and Last Name**

Hanna Karev

**City of Residence**

Kila

**Public Comment**

Dear members of the Flathead City/County Board of Health

CC: Flathead County Commissioners

Sheriff Brian Heino and County Attorney Travis Ahner

On January 18th 2022 during my testimony at the health board meeting, I mentioned the illegality of administering experimental Covid Viral Vector Gene therapies (often labeled vaccines), without proper informed consent.

It became apparent during the meeting, that Flathead County health officials have not been informing recipients of injections about the benefits vs. risks, the known adverse reactions and possibility of death associated with SARS COV-2 inoculations.

Moreover, patients have been misinformed about the legal status of these drugs or biological substances being injected into them.

As you know, the risks can range from very mild to severe and even result in death. The risks of being inoculated are proving to far outweigh the benefits. As more information is released, we realize just how severe and chronic some of these reactions can be. The adverse reactions appear to be far more common than reported and are often life altering. In addition, the efficacy of the vaccine continues to rapidly decrease, even to the point where people are often more likely to get more ill than if they never had been injected at all.

With all that being said, I am convinced that there have been several violations of federal and state law, as well as violations of people's most fundamental rights.

21 U.S.C. § 360bbb-3 – Requires health care professionals as well as individuals to whom the product is being administered be properly informed of the risks, benefits, legal status and alternative treatments.

16 CFR § 1028.116 - General requirements for informed consent.

45 CFR Part 46 – This gene therapy is still being studied, therefore children and medical subjects require even more protections for informed consent.

In addition to being misinformed in order to obtain one's consent, patients are denied other treatments that have been shown to be far more effective after someone is infected. In Montana, people have a right to know about these treatments, be fully informed about them and have a right to choose which treatment is best for them. This is outlined in the 2021 MCA 50-12-105.

To the best of my knowledge, Montana does not currently have Medical Battery laws on record, whereas injury due to lack of informed consent would certainly qualify. We do however list Assault under MCA 45-5-201.

It is well documented that Covid inoculations are proving to be lethal, especially among people 30 years of age and younger. If a death occurs as a result of being injected and the medical technician did not provide informed consent, then that is Negligent Homicide MCA 45-5-104.

There are many victims here in Flathead County due to negligence and non-compliance of these laws and what appears to be a blatant disrespect for individuals and their well-being.

Given that information, and the fact that this certainly not the first time these issues have been raised; I presume that The Flathead City/ County Board of Health has taken corrective action to become compliant with the law. Therefore, I have a few questions.

- 1.) Would you please state the actions that you are currently taking, to inform the recipients of these inoculations of the possible dangers they are facing?
- 2.) What sort of information are you providing to new recipients about the serious adverse events and possible death associated with these injections?
- 3.) Have you contacted individuals post injection to check their well-being and have you been actively following up and monitoring individuals that have reported adverse reactions?

Finally, what plans do you have for prosecuting people that have deliberately thwarted the law and caused harm to an unsuspecting patient? Everyone deserves due process and justice.

I look forward to your response in the coming days.

Thank You,

Hannah Karev

# Public Comment for Board of Health Meeting - Entry #4403

**First and Last Name**

Diana Southard

**City of Residence**

Marion

**Public Comment**

Dear Sirs and Madams: February 17, 2022

The appearances of a lawless quasi-health board in a time when corruption, monetary kickbacks, and misinformation has driven many law-abiding citizens to the brink of despair by would-be tyrants and their minions. Such oppressive actions by those chosen to represent we the people may be interpreted as an act of aggression and possibly even war (spiritually, financially, physically, etc.). There comes a time where equal justice under the law becomes not only an obligation of each citizen, but a duty to throw off such governing bodies.

Seated as the head chair of the Flathead County City Board of Health, due to a questionable restructuring of this board several years ago, is Pam Holmquist. She also enjoys serving the public as our Chairman of the Flathead City Commissioners. This has the appearance of double-dipping and could be construed as a conflict of interest. Although Ms. Holmquist sits as the 'head' of the Board of Health, it does not look as though she is actually in charge. There is video evidence of possible ex-parte communications, a walking quorum, or other illegal activities which give rise for concerns during an open meeting at the regular Board of Health meeting in January 2022, between her and another board member, Ronalee Skees.

Ms. Skees, who was chosen by Pam Holmquist at a recent Commissioner's meeting, appears to be leading Ms. Holmquist in words and in deeds. At the January (BoH) meeting, Ms. Skees is seen passing a secret note while board member Dr. Annie Bukacek is asking the Health Officer (also appointed by Ms. Holmquist) about consent forms for the experimental inoculations being offered through this county. Then there is a whispering and hand signaling going on between these two board members. Moments later, while Rod Kuntz is speaking, Ms. Skees flips over the secretive note and conceals it within her notepad.

Being an open meeting and subject to the Sunshine Rules, this note should have been placed into the official record. This has the appearance of yet another example of a lawless breach of trust, rules of decorum, and smells of conspiracy. I ask that this secretive sidebar note be entered into the public record, along with verbal recantation of the conversation, immediately and I am calling for a sworn testimony of both parties involved (Holmquist & Skees) that this is the original document in question. I am asking for an immediate removal and suspension of these women from their duties as public servants, until a full investigation is completed.

Thank you for your time and serious considerations of this matter.

Diana M. Southard



## Public Comment for Board of Health Meeting - Entry #4406

### First and Last Name

Jessica Kirkendall

### City of Residence

Kalispell

### Public Comment

Dear Health Board,

Regarding Mr. Russell describing his own version of “informed consent” in the health update section of agenda, many of his points are clearly not factual if you read the documents tied right onto the end of his update. In fact, among all of the many attached information sheets at the end of his report, NOT ONE addresses vaccinating a child under age 12 with a covid vaccine.

He states that:

“Every person either receives a Vaccine Information Sheet (VIS) OR the Emergency Use Authorization (EUA) Fact Sheet specific for the vaccination requested and their age.”

Statement FALSE....FDA requirement: Patient MUST be provided information consistent with the “Vaccine Information Fact Sheet” PRIOR to the individual receiving Pfizer-BioNTech COVID-19 Vaccine

The current one page form that the parent signs off states right on it: “No vaccine information sheet will be available for this vaccine until after this vaccine has gone through full licensure.” (After asking if they are a woman 18 - 49 or a male 12 - 29)

The signature consent form Mr Russell refers to is titled “COVID-19 vaccine registration and administration form” states a very incomplete list of very minor side effects (omitting all of the many severe ones) and then desperately goes onto state that it is still recommended that you receive a second dose after a reaction....instead of a common sense recommendation such as rushing into see a real doc, your preferred healthcare provider, when severe reactions occur.

The FDA.gov site states the following:

MANDATORY REQUIREMENTS FOR PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION UNDER EMERGENCY USE AUTHORIZATION

<https://labeling.pfizer.com/ShowLabeling.aspx?id=16073&format=pdf> (read requirements & risks here)

Use of unapproved Pfizer-BioNTech COVID-19 Vaccine for active immunization to prevent COVID-19 under this

EUA is limited to the following (all requirements MUST be met):

1. Pfizer-BioNTech COVID-19 Vaccine is authorized for use in individuals 5 years of age and older.
2. The vaccination provider must communicate to the individual receiving the Pfizer-BioNTech COVID-19 Vaccine or their caregiver, information consistent with the "Vaccine Information Fact Sheet for Recipients and Caregivers" prior to the individual receiving Pfizer-BioNTech COVID-19 Vaccine.
3. The vaccination provider must include vaccination information in the state/local jurisdiction's Immunization Information System (IIS) or other designated system.
4. The vaccination provider is responsible for mandatory reporting of the following to the Vaccine Adverse Event Reporting System (VAERS):

- vaccine administration errors whether or not associated with an adverse event,
- serious adverse events\* (irrespective of attribution to vaccination),

2 Vaccination providers administering COMIRNATY (COVID-19 Vaccine, mRNA) must adhere to the same reporting requirements.

Revised: 03 January 2022 13

- cases of Multisystem Inflammatory Syndrome (MIS) in adults and children, and
- cases of COVID-19 that result in hospitalization or death.

## INFORMATION TO PROVIDE TO VACCINE RECIPIENTS/CAREGIVERS

Vaccine Information Sheet is provided prior to the individual receiving each dose of Pfizer-BioNTech COVID-19 Vaccine, including:

- FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.
- The recipient or their caregiver has the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine.
- The significant known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine, and the extent to which such risks and benefits are unknown.
- Information about available alternative vaccines and the risks and benefits of those alternatives.

\*\*\*\*\*

Is this even an attempt at informed consent at an extra critical time when giving zero fatality risk children an unapproved EUA product? When will the parents be provided proper vaccine risks information of the VIS vaccine information sheet PRIOR to injection as is required?

It's ethically important to provide safety information PRIOR to consent. Not only that, it is REQUIRED per the FDA product regulators.

For reference here was the local vaccine consent form with signature statement used prior to covid-19 push:

<https://flatheadhealth.org/wp-content/uploads/2020/07/Pediatric-PDF-19.pdf>

Please do what is right, read the forms, and correct this very harmful mess caused by not taking any initiative to fix the form and provide parents with the proper risk information for thorough review.

Thank you,

Jessica Kirkendall  
Children's Health Advocate

[Flathead City-County Health Department](#)



FLATHEAD CITY/COUNTY BOARD OF HEALTH  
MINUTES OF REGULAR MEETING  
FEBRUARY 17TH, 2022  
ZOOM/PHONE  
EARL BENNETT BUILDING  
1035 1ST AVENUE WEST  
KALISPELL, MONTANA  
VIDEO:

[February 2022 Flathead County Board of Health Meeting - YouTube](#)

Members Present	Other Attendees	
Pamela Homlquist Don Barnhart Pete Heyboer, MD Rod Kuntz Jessica Malberg-Fiftal,DVM.MSPH,DACVR- Zoom Annie Bukacek, MD Ronalee Skees	Joe Russell Jenelle Grau Audrey Despain-Price Hanna Karev Diana Southard Tom & Vicki Lauti Teresa Farr Devon Decker Karen Rogers Zee Debbie Wilson Jolene Regier	Jake Kirby Maziee Kirby Chuck Bright Shawn Padina Lauralee O'Neil Barbara Bororman Gina Gosnell David Dunn Nicholas Ramlow Dan Manson Thomas Millett Jillian Boll Mandie Fleming

**1. Call to Order**

Vice Chairperson Pamela Holmquist called the meeting to order at (1:00pm)

Started at (0:04:42)

**2. Attendance**

Roll Call.

Started at (0:04:56)

**3. Approval of Agenda**

Ronalee Skees moves to approve the agenda adding Home Health, Environmental Health and Behavioral Health; Pete Heyboer seconds the motion.

All Ayes. Started at (0:05:20)

**Motion passes**

**4. Citizen Comment**

**Written Citizen Comment:**

Written Citizen Comment was uploaded to the agenda.

**Verbal Citizen Comment:**

- Thomas Millett gave comment about Health Officers position. Started at (0:09:27)
- Lauralee O'Neil gave comment about COVID and Health Officers position. Started at (0:10:49)
- Gina Gosnell gave comment about COVID and sub committees. Started at (0:13:33)
- Diana Southard gave comment about mental health, Logan health issues and COVID. Started at (0:16:04)

- Devon Decker gave comment about COVID and Health Officer position. Started at (0:22:13)
- Hannah Karev gave comment about COVID. Started at (0:25:36)
- Derek Skees gave comment about COVID, community members and cancel culture. Started at (0:29:34)
- Jake Kirby gave comment about COVID. Started at (0:32:48)
- Shawn Pandina gave comment about COVID. Started at (0:34:51)
- Zee gave comment about thanking Joseph Russell's service. (0:38:20)
- Nicholas Ramlow gave comment about speaking time at the meetings. Stared at (0:41:02)
- Rebecca Norton Gave comment about COVID and wildlife. Started at (0:43:20)

#### 5. Approval of Meeting Minutes for January 18th, 2022

- Don Barnhart moves to approve the minutes; Ronalee Skees seconds the motion.

All Ayes. Started at (0:47:10)

**Motion passes**

#### 6. Gold Star Award for Food Services

##### Policy 2022- 01 EH

- Joseph Russell discussed background, policy and procedure. Started at (0:47:37)
- Annie Bukacek mentions foodborne illness. Started at (0:49:41)
- Ronalee Skees discussed going out on inspections. Started at (0:51:45)
- Don Barnhart asks about credibility with food scores. Started at (0:53:04)
- Annie Bukacek discussed regulations of government. Started at (0:54:23)
- Rod Kuntz mentions motivation. Started at (0:55:35)

Ronalee Skees makes motion to move Gold Star Award; Don Barnhart seconds the motion. Started at (0:57:31).

Roll call.

**Motion Passes**

#### 7. Variance Request of Joe Holmes

- Joseph Russell discussed Memorandum and groundwater. Started at (0:59:08)

Don Barnhart moves to make a motion to adopt the findings; Ronalee Skees seconds the motion.

Started at (1:00:44)

All Ayes.

**Motion passes**

Ronalee Skees moves to make a motion for variance request; Rod Kuntz seconds the motion. Started at (1:01:13)

All Ayes.

**Motion Passes**

#### 8. Mosquito 2022 Pesticide Discharge Management Plan

##### Summary of Proposed Changes 2022

- Jake Rubow discussed summers, 2017-2021, landowners and DEQ regulations. Started at (1:02:00)
- Annie Bukacek asks about documentation of spraying. Started at (1:04:00)
- Joseph Russell explains what is sprayed. Started at (1:06:21)
- Pamela Holmquist discussed DEQ. Started at (1:09:05)

- Jake Rubow discussed what they use, DEQ. Started at (1:09:13)
- Rod Kuntz discussed landowners. Started at (1:09:50)
- Don Barnhart mentions Columbia Falls problem areas. Started at (1:10:28)
- Ronalee Skees asks what it takes to become certified applicator. Started at (1:10:59)

Ronalee Skees moves motion to approve changes; Pete Heyboer seconds the motion. Started at (1:12:21)

Roll Call

**Motion Passes**

## 9. Modifications of the FCRSTS Flathead County Regulations For Sewage Treatment Solution.

### Modifications of the FCRSTS

- Joseph Russell discussed subdivisions, wastewater, and septic systems. Started at (1:13:13)
- Jessica Malberg asks about homeowners. Started at (1:15:46)

## 10. Discussion of the Need for a Proper Legal Opinion

- Pamela Holmquist discussed County Attorney's responsibility to provide written opinions. Started at (1:19:16)
- Annie Bukacek asks about the next step. Started at (1:20:28)
- Rod Kuntz mentions taxpayers money and the public. Started at (1:21:22)
- Pete Heyboer discussed Covid Committee, letters, recommendations, and no violation. Started at (1:22:33)
- Annie Bukacek mentions Montana Code annotated and the law. Started at (1:23:54)
- Annie Bukacek discussed citizens, strong recommendations. Started at (1:25:21)
- Joseph Russell discussed policy maker, allegations, isolation and quarantine and letters. Started at (1:26:09)

## 11. Discussion of the Need for More Complete Hospital Data

### Hospital Data

- Joseph Russell discussed vaccination and non-vaccinations, census, ventilators and rate of intensive care graph. Started at (1:28:14)
- Annie Bukacek discussed data, vaccination status. Started at (1:36:06)
- Joseph Russell explains the data, Logan Health Whitefish and Logan Health Kalispell, only vaccination data coming from Logan Health Kalispell. Started at (1:39:28)
- Pete Heyboer discussed admitting patients, spreading COVID to other staff or patients, data, vaccination. Started at (1:42:24)
- Annie Bukacek discussed data. Started at (1:45:26)
- Joseph Russell discussed being healthier and programs. Started at (1:46:59)
- Rob Kuntz discussed more data, more questions. Started at (1:48:03)

## 12. Departmental reports

### Environmental Health

- Kate Cassidy discussed events, inspections, septic inspections, grade break down. Started at (1:49:13)
- Joseph Russell mentions Kate Cassidy's retirement. Started at (1:52:44)



### **Community Health**

- Jillian Boll discussed program updates, travel clinic, education for international travel. Started at (1:53:16)
- Jessica Malberg asks about WIC program in Columbia Falls. Started at (1:55:02)
- Ronalee Skees asks about waiting list for Home Visiting. Started at (1:56:02)

### **Family Planning**

- Mandie Fleming discussed patient's visits, online scheduling, advertising, services to the warming program. Started at (1:57:20)

### **Finance**

- Kirk Zander discussed general health fund, steady accounts receivable, capital improvement, Home Health. Started at (1:59:26)

### **Health Officers Report**

- Joseph Russell discussed new cases, prevalence, positivity rate, breakthrough cases, mild cases, vaccination rates, hospital/death data and consent form. Started at (2:00:42)
- Ronalee Skees mentions public facing. Started at (2:08:00)
- Annie Bukacek discussed vaccinations. Started at (2:08:21)
- Pete Heyboer discussed FDA approval, VIS sheets. Started at (2:09:40)
- Rod Kuntz mentions not reading a VIS, decline. Started at (2:11:22)
- Annie Bukacek mentions patients being treated disrespectful. Started at (2:12:56)
- Pete Heyboer explains his experience with not vaccinated patients. Started at (2:12:48)
- Joseph Russell discussed the request for qualifications, 4 month contract, and move to Animal advisory committee or Animal Shelter Board. Started at (2:14:30)

## **13. Committee Reports**

### **Covid-19 Committee**

- Pete Heyboer discussed reviewed Joseph Russell's recommendations with isolation and quarantine. Started at (2:13:39)

### **Home Health**

- Pete Heyboer discussed collections, administration, Logan Health and organizations. Started at (2:16:39)
- Joseph Russell mentions engaged into collections. Started at (2:18:54)

### **Behavioral Health**

- Jessica Malberg discussed in school tour clinic, services, evergreen clinic, health care, free breakfast services and federal insurance. Started at (2:19:18)
- Ronalee Skees discussed Linderman, services, suicide services, new hire. Started at (2:21:02)
- Jessica Malberg discussed mental health services, community players. Started at (2:21:33)

### **Environmental Health**

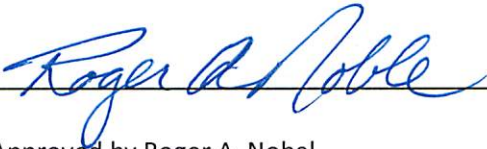
- Joseph Russell discussed position on appeal, regulations, review, subdivision reviews and local contracting. Started at (2:22:21)

#### 14. Board Member Discussion

- Rod Kuntz gave comment. Started at (2:25:15)
- Annie Bukacek gave comment. Started at (2:28:53)
- Pete Heyboer gave comment. Started at (2:30:47)
- Don Barnhart gave comment. Started at (2:32:18)
- Jessica Malberg gave comment. Started at (2:41:39)

#### 15. Adjournment

- Meeting ended at (2:42:37)

  
\_\_\_\_\_  
Approved by Roger A. Nobel

  
\_\_\_\_\_  
Date of Approval

## **Gold Star Award for Food Services**

### **Background**

The Flathead City-County Board of Health desires to establish a program that rewards food service establishments in Flathead County for consistently exhibiting a high level of food safety practice. If the conditions for reward are met, the award would be affixed to the score placard provided to the food service establishment after the inspection. Recognition of award recipients will be made on the Environmental Health Webpage and on Health Department Social Media.

Inspection of food service establishments is required to determine compliance with applicable Montana Code provisions and the Administrative Rules of Montana. Montana Code Annotated § 50-50-101 states that food service establishment regulations are “required to prevent and eliminate conditions and practices which endanger public health.” Inspection services are risk-based. Inspections that result in noted violations of the Code or Rules represent an elevated risk associated with conditions or practices found within the establishment at the time the inspection was conducted.

The Board has authorized the use of an alphabetic scoring system to convey the risk associated with the food service establishment as observed at the time of inspection. Scores are provided on a placard for posting in the establishment as required per Policy 2010 -01 EH, posted on the Health Department website and provided to the local daily newspaper on a weekly basis.

The Board desires to establish an award to food service establishments that exhibit consistently high scores that are due to documented active managerial controls. This policy replaces “Policy 2013-01A EH.”

### **Policy**

The Board believes that providing a reward to food service establishments through an award is good public health policy. The award will indicate to the public that the establishment consistently performs well on the department’s food service inspection report and that the scores achieved are due to active managerial controls.

### **Procedure**

Refer to Policy 2010 -01 EH that establishes the scoring methodology established by the Board of Health. Initial award criteria will be met when a food service establishment has three consecutive scores of “A” or higher.

Active managerial control means the purposeful incorporation of specific actions or procedures by industry management into the operation of their business to attain control over foodborne illness risk factors. It embodies a preventive rather than reactive approach to food safety through a continuous system of monitoring and verification (FDA).

For the purposes of this policy, the following will be considered active managerial controls:

- Standard operating procedures (SOPs) for performing critical operational steps in a food preparation process, including, but not limited to hand washing, gloves-use, sanitizing and cooling,
- Safe food temperature monitoring procedures demonstrated by keeping logs of cold holding, hot holding, cooling and cooking temperatures,
- Employee training program
- Record keeping and documentation supporting the implementation of the controls listed herein.

The above list is the minimum managerial controls required for qualification for the Gold Star Award; additional managerial controls are encouraged. The criteria for compliance with each active managerial control will be provided in guidance manuals developed by the environmental health staff.

The gold star award will be withdrawn if either the food service inspection score drops below “A” or active managerial control cannot be demonstrated. If the inspection score was not below “B”, the gold star award may be reinstated at the next inspection if the score prompting the withdrawal was the only score below “A” on three of the last four inspections.

Policy is to be implemented immediately upon adoption.

Adopted by the Board of Health on February 17, 2022



Pamela J. Holmquist, Vice Chair  
Flathead City-County Board of Health





## Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901

(406)-751-8101 FAX 751-8102

[www.flatheadhealth.org](http://www.flatheadhealth.org)

Community Health Services  
406-751-8110 FAX 866-380-1740  
Environmental Health Services  
406-751-8130 FAX 406-751-8131  
Flathead Family Planning  
406-751-8150 FAX 855-931-9091  
Population Health Services  
406-751-8101 FAX 406-758-2497  
WIC Services  
406-751-8170 FAX 406-751-8171  
Animal Shelter  
406-752-1310 FAX 406-752-1546

### Memorandum

February 10, 2022

To: Flathead City-County Board of Health

From: Joe Russell, Health Officer

Re: Variance Request of Joe Holmes

Legal Description of Property: Lot 4, Block 2 of Buzzells Tr. Section 28, T. 31N, R. 19W  
60 Wishert Lane, Coram, MT 59913

### Introduction

The applicant requests a variance from the Board of Health that, if granted, would allow a drainfield to be constructed on a site with groundwater less than 48 inches from the natural ground surface. The variance request is to install an elevated sand mound drainfield that would meet the treatment requirements of the regulations as the minimum separation of 48 inches from the bottom of the drainfield to groundwater will be maintained. Robert Smith, P.E., of A-2-Z engineering is representing the applicant.

### Property Description:

The property is legally described as Lot 4, Block 2 of Buzzells Tracts, Section 28, Township 31N, Range 19W. The property address is 60 Wishert Lane, Coram Mt. A map of the property is provided as Exhibit A.

### Applicable Regulation

The applicants are requesting a variance to Section 10.2 (2) of the Flathead County Regulations for Sewage Treatment Systems (FCRSTS) that identifies the minimum setback requirements of the groundwater table to the absorption system and Section 6.7.1 of the Flathead County Construction Standards for Subsurface Wastewater Treatment Systems (Construction Standards) that requires certain physical setbacks to be met prior to the design and construction of an elevated sand mound drainfield.

The table in Section 10.2 (2) establishes the minimum setbacks and separation requirements of the sewage treatment system's component parts to certain geographic features that may limit the effectiveness of the system.



*Providing quality public health services to ensure the conditions for a healthy community.*





Table 1 of this Section 10.2(2) follows:

TABLE 1 - MINIMUM SETBACK AND SEPARATION DISTANCES

FROM:	TO: Septic Tank pump Chamber other Sealed Components (feet)	To: Absorption System (feet)
Well (a)	50	100
100-year Floodplain	5(b)	100
Surface Water (c)	50	100(a)
Foundation Wall	10	10
Water Lines	10	10
Property Lines (d)	10	10
Absorption System	10	---
Slopes in excess of 25%	10	25
Groundwater Table (e)	(e)	4 (a)(g)
Bedrock (e)	(e)	4 (a)(g)
Impermeable or Impervious Layer	(e)	4 (a)(g)
Subsoil Drains	10	10
Cisterns (a)	25	50

Section 6.7.1 states:

“Elevated sand mounds may be used to achieve separation distance between the treatment system and a limiting layer. Four feet of natural soil must be maintained between the modified site and the limiting layer.”

### **Background**

This parcel has a long and storied history with the Department. We investigated a complaint of a failing sewage system on this property in 2014 and observed surfacing sewage in June of that year. Further investigation revealed the house is served by a cribbed cesspool/drywell located in the middle of the backyard. The property owner at that time was Mary Moyer and a considerable amount of correspondence between the owner, her attorney, and the Department is available in the file. A letter from the Health Officer to the Snyder Law Office and the letter that prompted the Health Officer's response are provided as Exhibit B. Mary passed away a few years ago and prior to her death the property ownership was transferred to Joe Holmes, her son. Joe Holmes passed away recently and his daughter may be living on the property now, although the property remains in his name. The primary reason that this problem has lasted for so many years is a claim that they don't have the resources to replace the old, failing system (see Randy Snyder's letter). As a means to rectify the problem on this property, District Court Judge Dan Wilson ordered the property to be vacated in September of last year. We believe a major reason for the sewage system failure is the very shallow groundwater on this property as well as the antiquated system which serves the property.

To overcome the shallow groundwater on this property, A-2-Z engineering have developed plans and specifications for an elevated sand mound to serve the three-bedroom house on the property. The plans account for a groundwater depth of 27 inches. The Wastewater Variance Request and the plans and specification are provided as Exhibit C.

### **Health Officer's Position.**

It is the position of the Health Officer that this variance should be granted. The reasoning for this position will follow.

### **Analysis of Section 14.6 Conditions Governing Variances.**

Before a variance can be granted, Section 14.6 of the Regulations requires that the Board make written findings of fact based upon evidence produced at the public hearing setting forth and showing that all of the following circumstances exist:

#### **(1) Granting the variance will not:**

- (i) contaminate any actual or potential drinking water supply;
- (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
- (iii) cause a public health hazard by being accessible to persons or animals;
- (iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;
- (v) pollute or contaminate state waters, in violation of 75-5-605, MCA;
- (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or
- (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;

#### **Department Comment to Section (1):**

- The elevated sand mound drainfield will be designed and constructed in such a manner that at least a 100-foot separation will be maintained from nearby water wells (domestic water source).
- The elevated sand mound drainfield will be designed and constructed in such a manner that it will not pose a threat to the public's health and will not be accessible to humans and animals.
- The elevated sand mound drainfield will be designed and constructed in such a manner that it will meet all regulatory setbacks so as not to violate any law or regulation governing water pollution or wastewater treatment.
- The elevated sand mound drainfield will be designed and constructed in such a manner that it will not contaminate or cause degradation to state waters pursuant to 7505-303, MCA.
- The elevated sand mound drainfield will be designed and constructed in such a manner that it will not cause a nuisance due to odor, unsightly appearance or other aesthetic consideration.

2. That compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;

Department Comment:

- The applicant is requesting the variance due to the conditions on the property. Due to the elevated groundwater conditions, an elevated sand mound drainfield is required and based on current groundwater monitoring results development could not occur without this variance.

3. That the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;

Department Comment:

- The elevated groundwater on the site requires the design and construction of a sandmound to maintain the required setbacks to groundwater. The presence of shallow groundwater is not something the applicant could have prevented.

4. That no alternatives that comply with the Regulation are reasonably feasible;

Department Comment:

- This is the most effective means of overcoming shallow groundwater conditions.

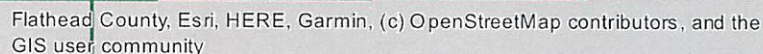
5. That the variance requested is not more than the minimum needed to address the extraordinary conditions.

Department Comment:

- This is the minimum variance that may be granted.



A



*The areas depicted on these maps are for illustrative purposes only and do not necessarily meet mapping, surveying, or engineering standards. Deriving conclusions from this map is done at the user's assumed risk.*





## Flathead City-County Health Department

1035 First Ave. West Kalispell, MT 59901  
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Family Planning Services  
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Home Health Services  
751-6800 FAX 751-6807  
WIC Services  
751-8170 FAX 751-8171  
Animal Shelter  
752-1310 FAX 752-1546

August 28, 2014

Randall A. Snyder  
Snyder Law Office, P.C.  
P.O. Box 717  
Bigfork, MT 59911

Re: Moyer Property Sanitation System, Lot 4 Buzzells Subdivision

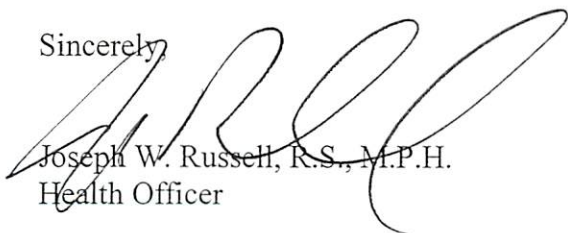
Dear Mr. Snyder:

We are in receipt of your letter dated August 17, 2014. I am sure you will understand that we will not be able to let this situation continue in its current state.

There is evidence that at certain times of the year sewage is surfacing and flowing onto the neighboring property. This public health threat must be mitigated. A septic system installer has indicated that the soil absorption component of the septic system is cribbed with railroad ties and is no longer able to accept sewage effluent in a manner that will keep it from surfacing. We are not sure if there is a septic tank component to the system and if this is the case we may be dealing with a cesspool. In either case I do not believe there is much that can be done to allow the existing system to continue serving the property and I know of no way to rejuvenate a system in this condition.

If you would like to discuss this matter further please call the office at 751-8101 and we can arrange a meeting.

Sincerely,

  
Joseph W. Russell, R.S., M.P.H.  
Health Officer



# ***SNYDER LAW OFFICE, P.C.***

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Randall A. Snyder  
Attorney at Law  
Wendy Stewart, Paralegal

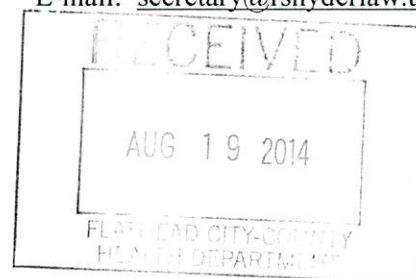
8090 MT Highway 35  
P.O. Box 717  
Bigfork, MT 59911

(406) 837-4383

E-mail: [secretary@rsnyderlaw.us](mailto:secretary@rsnyderlaw.us)

August 17, 2014

Jesse Green  
Flathead City County Health Department  
1035 First Ave. West  
Kalispell, MT 59901



Re: Moyer Property Sanitation System at Lot 4 Buzzells Subdivision in Coram

Dear Mr. Green:

I've been forwarded your letter of June 30, 2014 and I left a message on your voicemail today. I am aware of the system on Mary Moyer's property. It may be as old as the house, which according to tax records was built in 1947. That was the economy and technology of the day.

Mary reports that, except for very wet springs, the system functions adequately, particularly for one elderly lady who resides in the residence. That won't change. Mary will soon be 82 years of age; both hers and the house's mortality are finite. She has no estate other than the extremely modest home. She has only Social Security income. We may disagree over the status of her sanitation system. But no amount of legal action will force Mary to bankrupt herself by upgrading it to a new, engineered system that she might utilize for the balance of her life or residency.

You and the County Attorney may succeed in condemning the system and forcing her on the street. She'll then become a Medicaid resident in a nursing home at further expense to the State. That still won't upgrade the property. I'm sure that is not your intent, but it will be the result. I am hopeful that we can discuss some alternative resolutions without forcing Mary out of her property.

Sincerely,

Randall A. Snyder

RAS/mr  
Cc: Mary Moyer





## Flathead City-County Health Department

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### WASTEWATER VARIANCE REQUEST

The local Board of Health shall have the authority to grant a variance from a requirement of the Flathead County Regulations for Onsite Sewage Treatment Systems unless it conflicts with state or federal law.

An application for a variance may be made to the Board of Health within 60 days of a denial of an application for a permit. The Health Officer shall receive all applications for a variance in writing. It is recommended that variance applications are turned in 30 days prior to the next Board of Health meeting to allow the Department adequate time to process the variance request.

**Variance Application Request Fee of \$600, each variance beyond 1<sup>st</sup> request within the application additional \$150.**

Total Fee \$600 \_\_\_\_\_

Receipt Number \_\_\_\_\_

The following application must be completed for a variance request.

Property Owner: Joe Holmes Phone: 212-28584

Mailing Address: PO Box 45

City: Coram State/Zip: MT, 59913

Physical Address of Property: 60 Wishert Lane City Coram State/Zip MT 59913

Section: 28 Township: 31 N Range: 19 W Assessor Number: 507600

Certificate of Survey (COS) or Deed Exhibit No. \_\_\_\_\_ Lot: 4 Block: 2

County Assessor's Tract No. (example Tr. 1AA) \_\_\_\_\_

Parcel Size: 0.17 ac E mail address: \_\_\_\_\_

Describe PERMIT denial (if applicable). Attach additional sheet or denial letter received from this Department as necessary:

Wastewater System Designer: Robert Smith, PE, A2Z Engineering Phone: 406.755.7888

Mailing Address: 138 East Center Street, Suite A City: Kalispell State/Zip: MT 59901

Licensed Installer: Tom Torpen Phone: 212-3954

Wastewater System: (Circle all that Apply) New ☐ Replacement ☒ Failed ☒ Alteration ☐

Structure(s) (Circle) Single Family ☐ Multi-Family ☐ Mobile Home ☐ Commercial ☐ Garage/Shop ☐ Other ☐

Water System: (Circle) Existing ☒ Proposed ☐ (Circle) Well ☐ Lake ☐ Spring ☒ Community Water System ☒

Coram



Providing quality public health services to ensure the conditions for a healthy community.



Detailed Project Description (e.g. "Construction of a new 3-bedroom single family home with a garage with bathroom")

Attach as a cover letter as necessary to adequately describe project description.

~~See attached.~~

Describe in detail how each of the following criteria will be met (*use additional attached narrative*).

- (1) The local board of health may grant a variance from a requirement only if it finds that all the following criteria exist:
  - (a) Granting the variance will not:
    - (2) (i) contaminate any actual or potential drinking water supply;
    - (3) (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
    - (4) (iii) cause a public health hazard by being accessible to persons or animals;
    - (iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from
  - (5) (v) pollute or contaminate state waters, in violation of 75-5-605, MCA;
  - (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or
  - (6) (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;
- (7) (b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;
  - (c) the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;
  - (d) no alternatives that comply with the requirement are reasonably feasible; and
  - (e) the variance requested is not more than minimum needed to address the extraordinary conditions.
- (3) the local board of health's decision regarding a variance of a requirement in this subchapter or in Department Circular DEQ-4 may be appealed to DEQ pursuant to ARM 17.36.924

Signature of Applicant: Joe Holmes Date \_\_\_\_\_

Printed Name of Applicant: Joe Holmes



Exhibit D



December 2021

# Holmes Replacement Septic System Variance Request Report

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For submission to:

Flathead County Board of Health

Report prepared by:

A2Z Engineering, PLLC.  
138 East Center Street, Suite A  
Kalispell, MT 59901  
(406) 755-7888  
A2Z-Engineering.com





## Section 1 – Background Information

The subject of this report is a small home located at 60 Wishert Lane in the unincorporated Coram townsite. The home sits upon a lot measuring 100 feet east-west by 74 feet north-south. The house is located on the eastern side and fronts onto Wishert Lane. Potable water is provided to the house by the Coram County Water District.

Historically the house has used a seepage pit constructed of railroad ties to receive septic discharges. The seepage pit is located in the rear yard approximately 40 feet west of the home. A record of environmental and public health issues has accumulated because of the seepage pit and the property is presently under order to be unoccupied until a new system is permitted and constructed.

The county performed a site evaluation and observed a soil test pit in the rear yard of the property. At that time groundwater was observed in the test pit at a level that does not conform to the 48" minimum. However the county has the following regulation:

Flathead County Construction Standards for Subsurface Wastewater Treatment Systems (March 15, 2018 edition), Section 2.2.2.2. Depth to Ground Water - The type of wastewater treatment system to be approved must depend upon the depth to seasonally high ground water. A minimum of 4 feet of natural soil from the bottom of the infiltrative surface to the seasonally high ground water must be achieved by the site drainage system. An adequate horizontal separation distance must be maintained between the drain and the absorption system to reduce the potential for effluent to enter the drain.

## Section 2 – Design Alternatives

A list of potential alternatives was considered to allow for placement of a new septic system meeting the county and state regulations:

- OPTION #1 - Connection to a centralized public wastewater collection and treatment system
  - No such system is available within several miles of the project site
- OPTION #2 - Construct a new system on an adjacent parcel with an easement allowing such use
  - No adjacent landowners would consent to allow such an arrangement
  - Adjacent parcels in the area generally suffer from the same shallow groundwater issue
- OPTION #3 - Construction of a new system having a mound raised to such a height that it would allow for 4 ft of soil between the gravel bed and the native grade
  - Technically this is not a "natural" soil and therefore would require a variance
  - Rear yard limitations
    - Adjacent parcels would not consent to release from the typical 10 ft property line setbacks
    - Taking all of the regulatory setbacks into consideration, there is an allowable build area of about 38.5 feet north-south and 41.5 feet east-west
    - Having 3:1 H:V side slope, this would cause a limitation on the gravel bed sizing of 10 ft x 13 ft, which would only accommodate 104 gallon per day
- OPTION #4 - No build alternative
  - The property has historically been a single family home site and only needs this one issue to be resolved to continue
- OPTION #5 – Construct a new system that will



- Have sufficient gravel bed area to accommodate 350 gallons per day of septic flow
- Achieve the maximum possible height above the natural grade

Option #5 provides the best accommodation for the property if it can be shown that the impacts of lacking 4 feet the groundwater surface in natural soil can be mitigated.

## Section 4 – Effluent Treatment Discussion

The drain field design uses a sand mound to ensure a large soil mass for soil based treatment in addition to the natural soil mass that exists. The attenuation of 'treatable' constituents of septic tank effluent typically occurs (in properly functioning drain fields) within a relatively shallow layer of the soil material and soil air immediately above and below the depth of discharge into the drain field. Within this relatively narrow layer (12-18 inches thick and primarily below the depth of discharge of water) biological activity is maximized and oxygen status varies between anaerobic (oxygen absent) and aerobic (oxygen present). Nitrogen conversion (when necessary) to various forms leading to removal occurs first with oxygen present, followed by oxygen absent. There is also aerobic bacteria functioning to reduce and/or eliminate harmful bacteria, viruses, and associated pathogens. Phosphorus is attenuated via formation of complex relatively insoluble phosphorous-calcium and/or phosphorus-silica compounds. The preponderance of these processes occurs relatively close to the point of lateral pipe discharge, assuming the discharge point has the ability to become aerobic (oxygen present) within a short period of time after dosing or discharge.

This information on the processing and treatment under a drain field comes from James Bauder PHD through his research at Montana State University. The research showed through the processes above that the majority of treatment occurs directly under the drain field. This fact along with the additional treatment of the mound will help to insure protection of the ground water quality. The typical sand mound design was revised so that 21" – 29" of sand is to be installed beneath the drain rock bed. Even in times of high groundwater the wastewater is properly treated prior to mixing with the groundwater below the field.

## Section 5 – Variance Criteria

Section 14.6 of the Flathead County Regulations for -OnSite Sewage Treatment Systems has the following requirements of each variance submittal (red text is county regulations, black text is engineer's response):

**14.6 CONDITIONS GOVERNING VARIANCES:** The Board shall have the authority to grant a variance from a requirement of these regulations unless it clearly conflicts with state or federal law.

14.6 (1) Before any variance can be granted, the Board shall make written findings of fact based upon evidence produce a the public hearing setting forth and showing that the following exist:

14.6 (1) (a) Granting the variance will not:

14.6 (1) (a) (i) contaminate any actual or potential drinking water supply;

Engineer's Response: There are no potable water supply wells located within 100 feet of the proposed drainfield. In fact the townsite is served by the Coram County Water District's public water supply system. That system is professionally operated under oversight of the State and a state certified water operator and monthly samples of sources for bacterial infection are performed. The PWS wells are over 700 feet away.

The proposed septic tank and pressure dosed sand mound drainfield will provide significantly more treatment to the contaminants in the system than the existing system.

14.6 (1) (a) (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;



Engineer's Response: Insects, rodents and other carriers of disease to humans are prevented from entering new septic systems through the water tight and gasketed construction of access points. A new system will provide the best possible restriction of access; as compared to the current seepage pit which has openings in multiple places.

14.6 (1) (a) (iii) cause a public health hazard by being accessible to persons or animals;

Engineer's Response: Access to new construction permitted septic system components is restricted and difficult for animals and persons without tools for the purpose.

14.6 (1) (a) (iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;

Engineer's Response: The proposed septic tank, pumping chamber and sand mound drainfield system will meet all current laws and regulations by conforming to the required design and construction standards.

14.6 (1) (a) (v) pollute or contaminate state waters, in violation of 75-5-605, MCA;

Engineer's Response: State waters will be much better protected from pollution or contamination when the new system replaces the existing seepage pit.

14.6 (1) (a) (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or

Engineer's Response: The new system will treat effluent to a much higher level than the existing system and systems installed before the requirements for pressure dosing were put in place. Equal and measured dosing to the soil mass is greatly preferred in treatment.

14.6 (1) (a) (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;

Engineer's Response: The proposed system will not allow for nuisance by odor, unsightly appearance or violate other aesthetic considerations. Mound systems meeting current regulations quickly blend into the viewscape and rarely exhibit any odors.

14.6 (1) (b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;

Engineer's Response: The applicant has a property who's existing physical constraints (size and depth to groundwater) were not in violation of the rules at the time the lot and existing home were created. Requiring an existing lot to meet upgraded rules will often bring undue hardship onto owner.

14.6 (1) (c) the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;

Engineer's Response: The applicant did not have original control of the dimensions established for the property or the physical characteristics of the hydrology in the area; therefore it was beyond applicant's ability to prevent such things.

14.6 (1) (d) no alternatives that comply with the requirement are reasonably feasible; and

Engineer's Response: Earlier in this document a number of alternatives were explored and unfortunately none of them are reasonably feasible to alleviate this situation.

14.6 (1) (e) the variance requested is not more than minimum needed to address the extraordinary conditions.

Engineer's Response: The applicant's engineer has reviewed all possible alternatives within the regulations to allow for meeting the conditions within the current rules, but none are possible. Applicant has requested the minimum necessary variance to meet the extraordinary conditions.



# Replacement Septic System - Holmes Residence

a project located within the boundaries of  
Flathead County, Montana

Project Design Information:

1. Bedrooms = 3	• Effluent Force Main
2. Flowrate = 350 GPD	• Material = Sch. 40 PVC pipe
3. Soil Type = Gravelly Sand	• Size = 2"Ø
4. Application Rate = 0.6 GPD/SF	• Length = ±25 feet

Project Construction Information:

• Tanks	• Effluent Main
• Material = Precast Concrete	• Material Type = Center
• Tank Design = Combined Septic &	• Material = Sch. 40 PVC pipe
• Pump Chamber	• Size = 2"Ø
• Septic Tank = 1,000 Gallons	• Length = ±19 feet
• Pump Chamber = 500 Gallons	• Type = Elevated Sump Manhole
• Effluent Pump	• Gravel Bed Wash = 19.5 feet
• Pump = Ashland EP-45	• Gravel Bed Length = 22.5 feet
• Number of Pumps = 1	• Gravel Bed Thickness = 5"
	• Basal Area Thickness = 38.5 feet
	• Basal Area Length = 41.5 feet

## PRE-INSTALLATION TASKS

1. Locate all existing drain fields, septic tanks, and gravity lines. Note location and provide to engineer of record.
2. Locate all existing dry and wet utilities.
3. Completely remove or crush and completely fill all existing septic tanks.

## INSTALLATION SEQUENCE

1. The following installation sequence and sign off shall be followed during the construction:
  1. Excavate for new system, install tanks and pumps.
  2. Install bed piping and force main.
  3. Test float operation by filling tanks and pump chambers with clear water for one pump cycle.
  4. Spout test system (temporarily) and verify sump alarm must observe and certify.
  5. Disable Pump power and test alarm function.
  6. Finish bed piping and cover.

## MATERIAL SPECIFICATIONS

1. Pipe and fittings from the dwelling or structure to the septic tank and from the septic tank to the drainfield shall conform to or exceed ASTM D 1785 (Schedule 40 or 60) and must be joined by an integral bell-and-spigot joint with rubber elastomeric gasket or solvent cement. PVC pipe shall have a minimum Standard Dimension Ratio of 30R 35, and the compound type shall meet or exceed ASTM D 1784.
2. Drain rock must be washed and a maximum of 2.5 inches in diameter, and must contain no more than 2 percent passing the #8 sieve. The material must be of sufficient competency to resist slaking or dissolution. Gravel of shale, sandstone or limestone may degrade and may not be used.
3. Sand shall meet the requirements of MDEQ Circular 4 Section 6.7.3.4.

## SEPTIC TANK INSTALLATION

1. Where the top of the septic tank is located more than 18 inches below the finished grade of the ground surface, manhole covers shall be installed, extending to within eight inches of the finished grade, to facilitate inspection and cleaning of each compartment in the tank. The manhole shall be of sufficient size to provide access to each compartment for inspection and sludge removal.
  2. Sealing material shall be placed around any pipe where it enters or exits the tank to assure that no leakage occurs. Hydraulic grade is preferred however, calcium and tar, tar strips, or similar materials are acceptable if used properly.
  3. The septic tank must be installed level and on a full bedding material free of an organic material, debris, rocks, cobbles, stones or gravel greater than 1" in diameter.
- SEPTIC TANK TESTING (to be done if directed by county sanitarian):
1. All tanks must be watertight. Water tightness testing for a concrete tank may be conducted using a water test. Water tightness testing for a polyethylene tank may be conducted using a water test, a vacuum test, or a pressure test.
  2. Water testing must be conducted by sealing the outlets, filling the septic tank to its operational level, and allowing the tank to stand for at least 8 hours. If there is a measurable leak (2 inches or more), refill the tank and let stand for another 8 hours. If there is again a measurable leak, the tank must be rejected.

## Lateral Pipes

- Material = Sch. 40 PVC pipe
- Lateral Spacing = 7 feet on-center
- Size = 2"Ø
- Length = 19 feet
- Offset Size = 2"Ø
- Offset Spacing = 3 feet on-center
- Offset Per Lateral Pipe = 7

## SEPTIC TANK TESTING (continued)

3. Vacuum testing must be conducted by sealing all inlets, outlets, and accessories, then introducing a vacuum of 4 inches of mercury. If the vacuum drops in the first 5 minutes it must be brought back to 4 inches of mercury. If the septic tank fails to hold the vacuum at 4 inches of mercury for 5 minutes, the tank must be rejected.
4. For pressure testing a tank, all inlets, outlets, and access ports must be sealed and adequately secured. The tank must be charged with 3 PSIG. Allow tank pressure to stabilize. Disconnect the air supply. If there is any noticeable pressure drop in 1 hour, the tank must be rejected or repaired. Repeat the test after repair release air carefully through an appropriate mechanism.

## PIPE INSTALLATION

All pipes shall be bedded six (6) inches above and below the pipe in pipe bedding sand or other fine grained sand free of gravel over one (1) inch in size. Debris, frozen material, large clods, stones (greater than 8 inches in diameter), organic material or other unsuitable materials shall not be used for back fill within 24 inches of the top of the pipe. Compaction under and around the pipe shall be sufficient to prevent movement of the pipe due to settlement.

## SAND MOUND INSTALLATION

1. Where the sand mounds bottom has been excavated the sides and bottom must be raked to sandy, any sheared soil surfaces. Construction equipment not needed to construct the system should be kept off the area to be utilized under the mound to prevent undesirable compaction of soils. Construction must not be initiated when the soil moisture content is high.
2. Cleanouts must be provided at the end of each lateral. The cleanouts must be within 6 inches of finished grade and should be made with either a long sweep elbow or two 45 degree bends. A metal location marker must be provided for each cleanout.

## SYSTEM START UP PROCEDURE

1. The following start up procedure shall be followed:
  1. Fill septic tank with clear water.
  2. Check pump ready status.
  3. Verify all alarms are operational and in a visible location.
  4. Begin use.

## GENERAL OPERATION & MAINTENANCE OF THE SEPTIC TANK

1. Inspect and wash (spray) effluent filter every 6 months, clean and replace as needed.
2. Pump septic tank every 3 years.
- 2.1 Confirm baffles are in place.
- 2.2 Visual inspect mechanical & electrical components.
- 2.3 Observe & calibrated float switches if necessary for pump operation and tank draw down.
- 2.4 Observe and confirm discharge into bed.



Location Map:  
Not to Scale

Design Engineer:  
Robert Smith, Montana PE # 2592  
A2Z Engineering, 130 E. Center St., Ste A, Missoula, MT 59801  
Phone: 406.755.7666 Email: smith@az2-engineering.com

## General Notes:

1. Utility locations shown on A2Z's plans are for informational purposes only. It is contractor's responsibility under state law, to verify the presence, location and depth of all existing utilities. Contractor shall call 811 to notify utility location service of any possible excavation work more than 2 business days before commencing.
2. Any survey monuments including property pins disturbed by the contractor shall be replaced by a State licensed surveyor at contractor's expense.
3. Trenching and excavation are hazardous. Contractor shall take all necessary precautions to protect workers and comply with the Occupational Safety & Health Administration's established standards for such work, found in 29 CFR Part 1926 subpart P.
4. It is the contractor's responsibility to verify that all necessary permits and approvals are in place prior to beginning work.
5. Costs & coordination of testing constructed improvements are contractor's responsibility. Contact A2Z for specifics.
6. All public improvements shall be constructed and tested in accordance with the latest edition of the Montana Public Works Standard Specifications and State law. The construction plans are intended to work in conjunction with the above mentioned standards.

## Project Sheet Index:

Sheet C1	.....	Cover Sheet
Sheet C2	.....	Existing Site Sheet
Sheet C3	.....	Site Layout Sheet
Sheet C4	.....	System Layout Sheet
Sheet C5	.....	Tank Details
Sheet C5	.....	Drainfield Details



130 E. Center St., Ste A  
Missoula, MT 59801  
Phone: 406.755.7666  
A2Z-Engineering.com



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CHECKED BY: \_\_\_\_\_



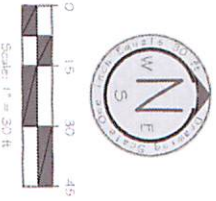
Holmes Residence  
Replacement Septic System  
Cover Sheet

60 Wishart Lane  
Coram, Montana 59913

C1



- Known Notes for Streets:
- A. Existing property line
  - B. Existing neighbor's residence
  - C. Existing city building
  - D. Existing water main
  - E. Existing water service line
  - F. Existing subject residence
  - G. Existing front fire water hydrant
  - H. Existing power pole
  - I. Existing sewer pit/septic
  - J. Existing sewer outlet line



C2

Holmes Residence  
Replacement Septic System  
Site Layout Sheet  
60 Wishert Lane  
Coram, Montana 59913



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139 E. Center St., Ste. A  
Kalispell, MT 59901  
Phone 406.755.7800  
r422engineering.com



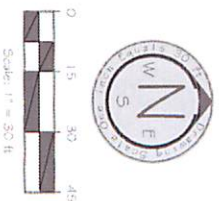


Keynotes for Section:

- A. Existing property line
- B. Existing neighbor's residence
- C. Existing dry building
- D. Existing water main
- E. Existing water service line
- F. Existing subject residence
- G. Existing front fire water hydrant
- H. Existing power pole
- I. Proposed sewer spill line
- J. Proposed septic tank & pump chamber
- K. Proposed septic effluent pumping line
- L. Proposed sand mound drainfield

Septic Effluent Pumping Line: The line shall be buried at least 5 feet deep.

Water Withheld Note: Owner and contractor shall be responsible to ensure that no portion of the drainfield is constructed within 100 feet of any existing or proposed wellhead. Owner and contractor shall also be responsible to ensure that no other component of the septic system (such as tanks or lines) is constructed within 50 feet of any existing or proposed wellhead.



C3

Holmes Residence  
Replacement Septic System  
Site Layout Sheet  
60 Wishert Lane  
Coram, Montana 59913



DATE	DESCRIPTION



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Keyed notes for Streptan:

- A. Existing property line
- B. Existing water service line
- C. Existing adjacent residence
- D. Existing foot fence, water hydrant
- E. Existing power pole
- F. Proposed sewer outfall line
- G. Proposed septic tank
- H. Proposed pump chamber
- I. Proposed septic effluent pipe
- J. Proposed septic access line
- K. Proposed septic riser line
- L. Proposed edge of adjacent gravel
- M. Proposed edge of mound top
- N. Proposed edge of mound base
- O. Septic setback line

Septic Effluent Pumping Line: One 2" schedule 40 PVC pipe  $\pm 20$  feet in length. The line shall be buried at least 5 feet deep.

Atascos line: One 2<sup>nd</sup> pipe 18.75 feet long with five tees and two 90° bends.

Literal lines: 5x literal lines shall be installed.  
Each literal line shall be 19 feet of 2" schedule  
40 PVC pipe

Lateral line Orifices: Each lateral line shall have  $\frac{1}{2}$ " orifices drilled at 3 feet on center. Each lateral line shall have 7 orifices.

### Septic Tank / Septic Lines Setbacks

Components of the septic system such as the tank and buried pipes shall maintain the following

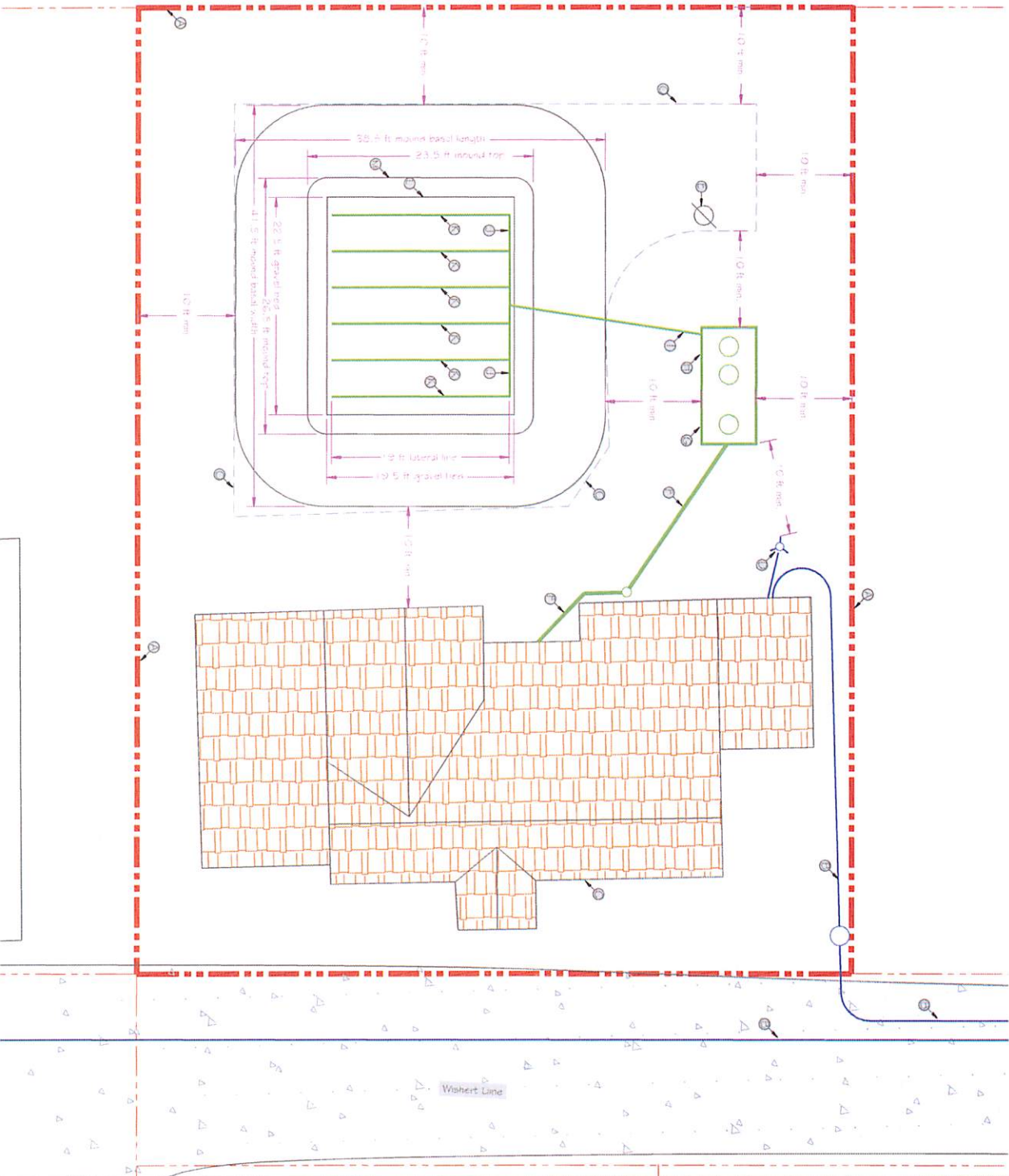
- at least 10 feet from a building foundation
- at least 10 feet from a water line
- at least 10 feet from a water hydrant
- at least 10 feet from a property line
- at least 10 feet from a septic drainfield
- at least 50 feet from a wellhead
- at least 100 feet from a PWS wellhead

## Septic Drainfield / Sand Mound Setbacks

Components of the septic drainfield / sand mound shall maintain the following setbacks:

- at least 10 feet from a building foundation
- at least 10 feet from a water line
- at least 10 feet from a water hydrant
- at least 10 feet from a property line
- at least 10 feet from
- at least 100 feet from a wellhead
- at least 100 feet from a PWS wellhead

<u>Water Wellhead</u>	<u>Note</u>	<u>Owner and contractor</u>



C4

Replacement Septic System  
System Layout Sheet

60 Wighert Lane  
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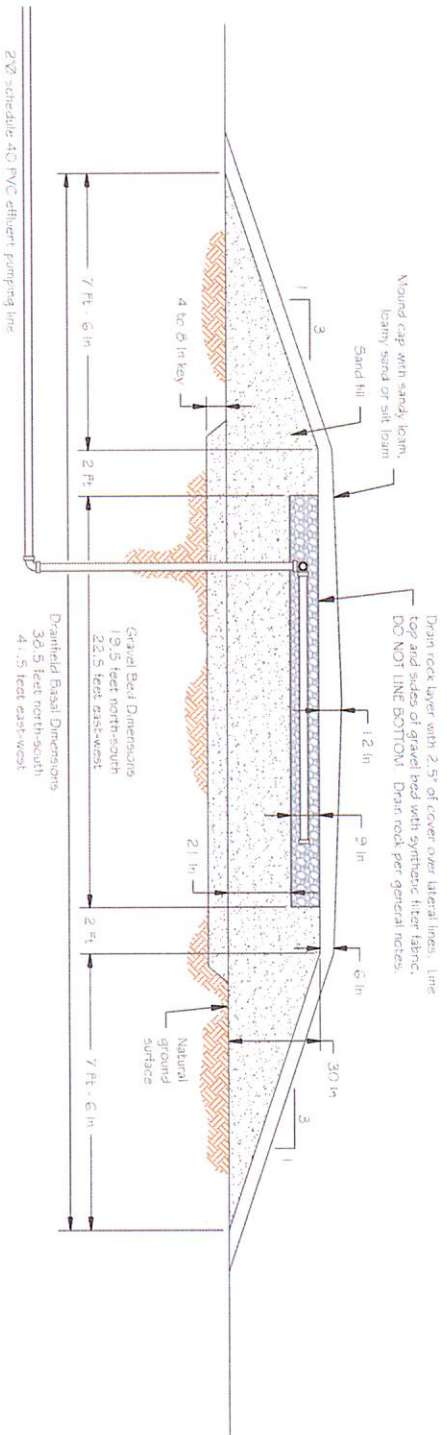


135 E. Center St., 5th  
Kalepell, MT 59901  
Phone 406.755.7988  
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Typical Detail of Sand Mound Drainfield Construction  
Not to Scale



Sand Mound Construction Notes

1. Construction equipment which would cause undesirable compaction of the soils shall not be moved across the plowed or excavated surface of the effluent dispersal area. However, after placement of a minimum of six (6) inches of sand fill over the plowed area, construction equipment may be driven over the protected surface to expedite construction. Construction and/or plowing shall not be initiated when the soil moisture content is high.
2. If a sample of soil obtained from approximately five (5) inches below the surface can be easily rolled into wire, the soil moisture content is too high for construction purposes.
3. Above-ground vegetation and decomposing organic matter must be removed from the ground surface throughout the area to be utilized for the placement of the 18 material. Prior to plowing, excavating, or scarifying, the dosing pump discharge line from the pump chamber to the point of connection with the distribution piping header shall be installed. The area shall then be plowed, excavated or scarified to a depth of seven (7) to eight (8) inches, parallel to the land contour with the plow throwing the soil up-slope to provide a proper interface between the fill and natural soils. Tree stumps should be cut flush with the surface of the ground and roots should not be pulled.
4. The area surrounding the elevated sand mound shall be graded to provide for diversion of surface runoff waters.
5. Construction should be initiated immediately after preparation of the soil interface by placing synthetic filter fabric as a liner. Place the distribution pipe, conduct the pressure testing and cover the pipe into the box, and hand leveled. Trench sides (if utilized) should be protected by placing synthetic filter fabric as a liner. Place the distribution pipe, conduct the pressure testing and cover the pipe as specified.
6. After installation of the distribution system, the entire mound should be covered and carefully graded with ten (10) inches of a finer textured soil material such as silt loam. A two (2) inch layer of topsoil should then be added. The entire mound should be crowned by providing a minimum of 1/2 inches of cover on the side slopes, with a minimum of 1/4 inches over the center of the mound.
7. The entire mound shall be seeded and covered with a soil stabilization fabric to assure stability of the installation. Other methods of providing vegetation cover must be approved by the Sanitation Department prior to construction.

C6

Holmes Residence  
Replacement Septic System  
Drainfield Details Sheet  
60 Waiher Lane  
Coram, Montana 59913



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APPROVED BY	



135 E. Cedar St., Ste. A  
Kalispell, MT 59901  
Phone 406.755.7800  
AZZ Engineering.com



# Keyed Notes:

- A. Finished grade
- B. Typical access lid
- C. 4" x 40 septic lateral to structure
- D. 5 ft. 4" x 40 septic lateral to structure
- E. Typical 4" x 40 septic lateral
- F. Typical 4" x 40 septic lateral
- G. Typical septic water level
- H. Typical 4" x 40 septic lateral
- I. Filter handle extension
- J. Explosion proof electrical junction box
- K. 2" x 40 septic lateral to structure
- L. 2" x 40 septic lateral to structure
- M. Reducer fitting, install if necessary
- N. Typical effluent pump
- O. Typical float switch
- P. 2" x 40 septic lateral to structure
- Q. 2" x 40 septic lateral to structure
- R. Alternative piping layout, as necessary to achieve 6 ft bury depth
- S. Electrical conduit

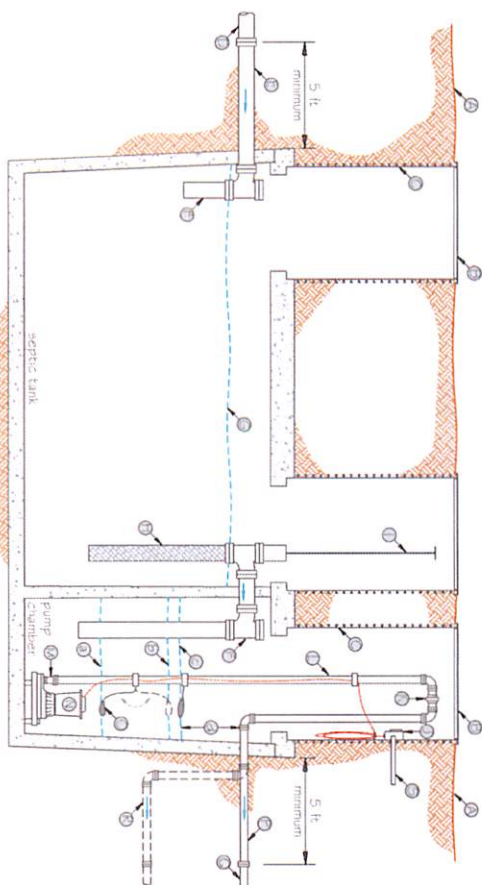
## Control Panel & Alarm Specification:

- Contractor shall install a simplex type visual/audible alarm septic effluent pump control panel. Panel shall include:
  - Outdoor rated weather and UV resistant enclosure
  - Ground breakers exceeding pump amperage
  - Ground breakers matching pump voltage
  - Pump activation toggle switch to Automatic
  - Manual - OFF
  - Audible - Variable high water alarm
  - Adjustable - for float switches

Engineer suggests the use of Omnicore A-Series Simplex Alarm Panel or approved equal.

## Pump and Pump Chamber Specific Notes:

1. Pump Off Level, located at least 1' above floor to fully submerge pump
2. Pump On Level, located 1' above Pump Off level
3. Alarm Level, located 1' above Pump On level
4. Emergency Depth, located above alarm level and below tank's piping penetrations



Septic Tank & Pump Chamber Detail  
Not to Scale

## Septic Tank & Pump Chamber Notes:

- The tank section shown on this page may not be representative of the actual size or dimensions of the pump chamber. This detail is intended to provide plumbing & wiring schematics and floor switch elevations only.
- Both the septic tank and pump chamber shall be approved manufactured pre-cast concrete type, meeting all MDEQ State Circular 4 and County regulations.
- Tank size and pump chamber are specified in other details within this project. The pump chamber is typically a separate chamber attached to the main septic tank, unless otherwise specified.
- All piping inside and within the (3) feet of the septic tank shall be schedule 80 PVC pipe.
- Access to the pump shall be sufficient for maintenance. Rooms are recommended on all tanks, and required if the tank top is more than four (4) inches below the finished ground surface.
- The man / access / lid over the filter shall be set at the finished ground surface. Contractor should take care to listen his down at all times that work is not being performed.
- Tanks, manholes and access lids located in areas with vehicle traffic shall be engineered for standard vehicle loads. A22 Engineering suggests the use of physical barriers (i.e. landscape boulders, fencing, etc.) to protect access lids in non-vehicular areas to prevent accidental vehicle damage.
- Septic tanks / pump chambers should be designed so that there is an access route available to pump trucks / maintenance vehicles.
- Filter between septic tank and pump chamber shall be a 4" x 40 removable effluent filter capable of preventing passage of suspended matter larger than 1/8" in size.



132 E. Cedar St., Ste. A  
Kalispell, MT 59901  
Phone 406.755.7260  
KJG22 Engineering.com



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Holmes Residence  
Replacement Septic System  
Tank Details Sheet

600 Wishart Lane  
Coram, Montana 59913

C5

# **Pesticide Discharge Management Plan**

## **Flathead County Mosquito Control District**

**Mailing address: Flathead County MCD**  
**1035 1<sup>st</sup> Ave West**  
**Kalispell, MT 59901**

**Phone: 406-751-8140**  
**406-751-8145**

**Summary:** This Pesticide Discharge Management Plan has been written to comply with the requirements imposed by the Sixth Circuit Court January 9, 2009, decision to vacate the Environmental Protection Agency's (EPA) 2006 National Pollutant Discharge Elimination System (NPDES) Pesticides Rule in National Cotton Council of America v. EPA, 553 F.3d 927 (6th Cir., 2009). Therefore, pesticide applications require permits under NPDES programs in all state and federal permitting programs. The Montana Department of Environmental Quality (DEQ) has issued a permit for pesticide 'discharge'. This permit imposes certain reporting requirements, which include the formulation of a pesticide discharge management plan that must be made available to the public upon request under the Freedom of Information Act.

### **Plan Organization (by page number)**

Summary	1
Pesticide Discharge Management Team	2
Pest Management Area Description and Habitats	3
Control Measures to Minimize Discharges	5
West Nile Virus flowchart	7
Schedules and Procedures	8
Signature Page	9

**1. Pesticide Discharge Management Team**

**1. a. Person responsible for managing pests:**

Jake Rubow

**1. b. Persons responsible for developing and managing PDMP:**

Jake Rubow

Brock Boll

Flathead City-County Board of Health

**1. c. Persons responsible for developing, revising, and implementing corrective actions and other effluent limitation requirements:**

Jake Rubow

Brock Boll

**1. d. Persons responsible for overseeing pesticide applications:**

Jake Rubow

Brock Boll

## 2. Pest Management Area Description and Habitats

### 2. a. Flathead River and Management Areas

The Flathead County Mosquito Control District was created August 3, 2005, by the Board of Commissioners' adoption of Resolution # 1849B. Boundaries for the District include all of Flathead County with the exception of Glacier National Park, United States Forest Service Property and private property that owners have specifically requested be excluded from control activities.



Flathead County is trisected from North to South by three primary rivers: the Flathead River, the Whitefish River, and the Stillwater River. The Swan River enters Flathead County from the South, meanders west and enters Flathead Lake at Bigfork. Smaller creeks include Ashley Creek, Trumble Creek, Patrick Creek and Spring Creek.

Spring snowmelt affects river and creek levels at different times, frequencies, and rates. Localized spring rain and snowfall can raise river and stream levels quickly. Typically, high water crests in early June. As Flathead Lake nears full pool, the main stem of the Flathead River backs up to the confluence with the Stillwater River, spilling water into low-lying areas of the lower valley. During periods of high ground water with above average snowpack, low areas throughout the valley floor experience emerging ground water from glacial kettles. High water and flooding from the valley's rivers and streams flow into backwaters and over banks, becoming trapped and creating mosquito habitat.

Artificial mosquito habitats in Flathead County include retention and detention ponds, sewage treatment facilities, tire piles, and open containers such as buckets, wheelbarrows, abandoned hot tubs and uncovered boats. Storm drains, leaking sprinkler lines and unused wading pools also produce mosquitoes.

## **2. b. Pest Problem Description (target species)**

*Aedes vexans*, commonly referred to as a floodwater mosquito, comprises about 70% of the District's total mosquito population according to Montana State University trap data (2005-2017). This species is an aggressive and opportunistic feeder. *Aedes vexans* is primarily considered a nuisance mosquito, but has been demonstrated to be a competent vector of West Nile Virus (WNV) and canine heartworm. Eggs from this species begin to hatch when water returns to their habitat and reaches temperatures of about 51° F. Although it has been published that eggs can lay dormant for 5-7 years, recent experience has shown this period may last much longer. Eggs are laid singly and must undergo a complete drying process before hatching.

*Culex tarsalis* represents the primary vector species for the potential transmission of West Nile Virus in Flathead County Montana. This species lays its eggs directly on the surface of the water in groups, called rafts. Rafts typically contain around 190 individual eggs, but may contain as many as 300. Permanent or semi-permanent areas of relatively clean water that are open to sunlight and supplied with an organic food source, such as grass, are the preferred habitat. As such, *Culex tarsalis* larvae are most often found in flooded areas of pastures, hay fields, parks, and overwatered lawns. These mosquitoes emerge later than most floodwater mosquito species and are typically encountered from May to September. Adult females are long-lived and can even overwinter in sheltered areas like basements or garages and lay their eggs in the spring.

*Culex pipiens*, larvae develop in foul water in rain barrels, catch basins, faulty cesspools, ditches, and other similar habitats. Generally known as the northern house mosquito, *Culex pipiens* infest houses and bite at night. Adult females pass the winter hibernating in cellars, basements, outbuildings, caves, and other places that provide protection from cold. Flight range is generally 1/2 mile or less. *Culex pipiens* are not common in Montana, but were found in the Flathead in 2008, and have established a persistent population. *Culex pipiens* is also a potential vector of West Nile Virus, and lays eggs in rafts of about 190 numerous times throughout the season.

*Coquilletidia perturbans* is a species specific to cattail marsh habitats. These mosquitoes do not frequently occur in most of Montana, but are common in the Flathead Valley. *Coquilletidia* larvae use special appendages to attach themselves to cattail stalks below the water's surface and use the hollow stalks as breathing tubes. The larvae's positions on cattail stalks protect them from water disturbances and predators that affect the swimming larvae of other species and make them extremely difficult to find through normal larval surveillance methods. Some *Coquilletidia* larvae may even overwinter in a semi-dormant state while submerged. *Coquilletidia perturbans* can act as a vector for West Nile Virus.

These, and other, species have been identified as primary targets for control operations based on Centers for Disease Control (CDC) light trap collections, field observations and citizen complaints, which indicate high populations of these species within the District. This type of monitoring has been performed since 2006, and is the basis for determining where and when control measures will be applied. The presence of West Nile Virus is also monitored routinely, providing more information for making treatment decisions.

Focus areas for surveillance and control activities within the District are urban residential, city and county parks, recreational areas and rural residential upon request. Outreach and education about habitat reduction and bite prevention are also important focus areas, particularly for rural residents affected by large areas surrounding their properties.



### **3. Control Measures to Minimize Discharges**

#### **3. a. Pest Problem and Impacts**

West Nile Virus, first introduced into the United States in 1999, is present in certain bird species and has been transmitted to humans and horses in the Flathead Valley. The primary vector species that can transmit the virus infest permanent or semi-permanent bodies of clean water in grassy areas (*Culex tarsalis*), or may infest polluted waters such as brackish rain barrels, storm drains, and failed septic cesspools (*Culex pipiens*). Nuisance mosquitoes infest areas along rivers, parks and some residential areas in towns. Potential health threats, quality of life issues, and potential economic impacts are a few of the reasons for implementing mosquito control in Flathead County.

#### **3. b. Tolerance levels to trigger pesticide application**

Flathead County Mosquito Control field technicians respond to complaint calls by visiting the property in question. If flying mosquitoes are present, the source of the breeding activity (water body) will be investigated. Surveillance data collected from suspected sites include GPS location, water body size, larval dip counts, larval development stages, pupal dip counts, trap counts (from flying adults present on site) and pertinent comments.

#### **3. c. Aerial Operations**

Aerial application is a well-established and widely utilized practice in mosquito control due to the efficacy and efficiency of such treatments. Conventional aircraft are well suited to treating large, continuous areas, but are less suited to many of the treatment areas within the Flathead County Mosquito Control District. Unmanned Aircraft Systems (UASs), or "drones," represent versatile technologies that allow Flathead County Mosquito Control to incorporate the benefits of aerial operations in a cost-effective manner better suited to our treatment areas.

The Flathead County Mosquito Control District operates UASs for the purposes of monitoring flooding, examining the condition of known mosquito production sites, and locating production sites in areas of mosquito activity, as well as treating designated areas with low-toxicity larvicides or pupicides. UAS treatments are applied with properly calibrated equipment, and in full compliance with all federal and state regulations, as well as product label rates and restrictions. Such treatments are restricted to the application of larvicides and pupicides, with adulticide applications made via ground-based equipment. Staff UAS pilots licensed through the Federal Aviation Administration (FAA) conduct all flights, all aircraft are registered with the FAA, and all operations comply with FAA and airspace requirements. No flights or treatment applications shall be made to or over private property without landowner permission. Any and all UAS use must be consistent with this provision, but may not extend to monitoring or surveillance in any other manner, including but not limited to, law enforcement use, personal surveillance, or any other form of data/information collection inconsistent with this provision or the goals of the Pesticide Discharge Management Plan.

#### **3. d. General Statement**

Flathead County Mosquito Control follows the common practices as described in Best Practices for Integrated Mosquito Management (American Mosquito Control Association, November 2021). General information on control and surveillance, and the definitions used in the table below can be found in this document or in the most recent version of the Montana Mosquito Control Training Manual, published by the Montana Department of Agriculture.

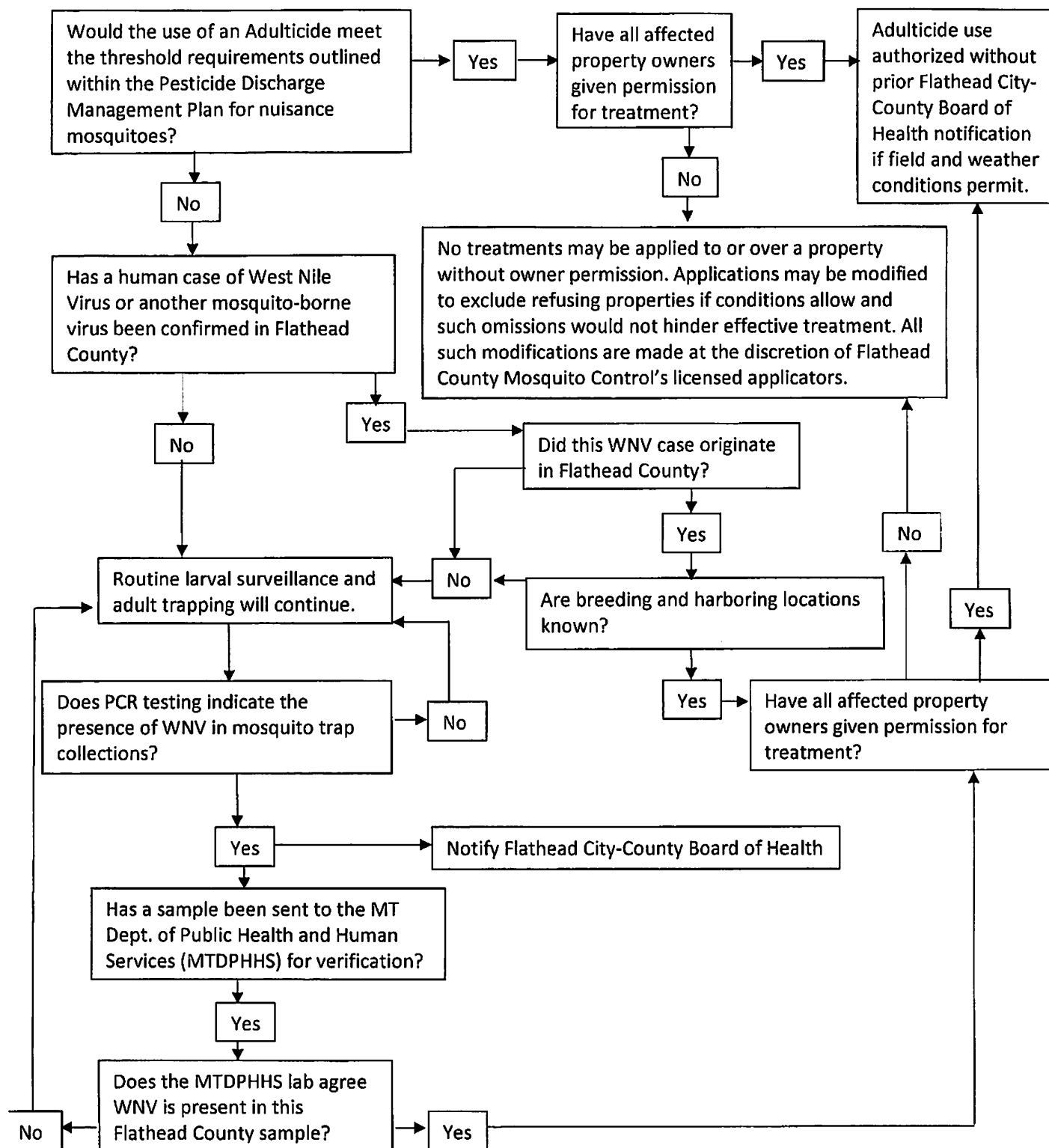
## Control Practices and Treatment Thresholds

Control Measure	Description	Applicability	Active Ingredient/ Formulation	Surveillance Method	Threshold	Application Method	Rate Determination
Source Reduction	Container control	Residential areas	N/A	Property checks, public education	Presence of water holding containers	N/A, Draining production sources	N/A
Larviciding	Use of EPA approved Larvicides	Areas of standing water known to be larval habitats of mosquitoes]	<i>Bacillus thuringiensis</i>  S-Methoprene,  <i>Bacillus sphaericus</i> ,  Spinosad  Mineral Oil	Larval dipping	Presence of target species	Application with calibrated backpack or vehicle-mounted equipment	Lowest effective rate within label limits, with highest rate being used only when thick vegetation and organic material are present
Pupiciding	Use of EPA approved Pupicides	Areas of standing water found to contain mosquito pupae]	Mineral Oil	Pupal dipping	Presence of target species	Application with calibrated backpack or vehicle-mounted equipment	Lowest effective rate within label limits, with highest rate being used only when thick vegetation and organic material are present
Adulticiding (nuisance mosquitoes)	Use of EPA approved Adulticides	Used in urban and rural residential areas	Permethrin	CDC light trap	Trap Count of 150 adults per night. When weather or other conditions prevent treatment within ten days of a count, a new count will be completed to ensure that current mosquito levels warrant treatment.	Ground application w/calibrated vehicle-mounted Ultra Low Volume (ULV) equipment	Per product label and calibration
Adulticiding (vector mosquitoes)	Use of EPA approved Adulticides	Same as nuisance mosquitoes (above)	Same as nuisance mosquitoes(above)	CDC light trap, and PCR testing for the presence of West Nile Virus by Carroll College and the Montana Department of Public Health and Human Services.	Refer to Adulticide flowchart (following page)	Same as nuisance mosquitoes (above)	Same as nuisance mosquitoes (above)



## Adulticide flowchart

The chart presented below defines the conditions under which adulticide treatments may be applied, and the steps followed to determine whether such treatments are necessary.

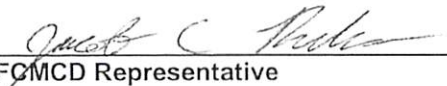


#### 4. Schedules and Procedures

This section of the PDMP contains a list of the procedures used to implement the control measures described in Section 3 above and the schedules by which these procedures are performed. Mosquito control personnel will not access, inspect, or apply treatments to or over private property without the property owner's permission. This includes aerial inspection or treatment performed using Unmanned Aircraft Systems. If potential exists for treatment drift over neighboring properties, access and treatment permission will also be secured from all property owners who may be affected. Property owners who wish to be excluded from mosquito control activities may opt-out of treatments on the Flathead City-County Health Department website at: <https://apps.flathead.mt.gov/donotspray/add.php>, or by calling Flathead County Mosquito Control at (406) 751-8140 or (406) 751-8145. No applications will be made under unfavorable site or weather conditions likely to cause undesired drift or expose people to a potential treatment. All treatments are applied at the discretion of Flathead County Mosquito Control's licensed applicators and operators.

Control Method	Determination of Application Rate	Surveillance Method	Determination of Frequency of Application	Spill Prevention Procedures and Schedule	Application Equipment Calibration Schedule	Application Equipment Maintenance Schedule	Environmental Condition Assessment Procedure
Source Reduction	N/A	Dipping	N/A	N/A	N/A	N/A	Property owner/manager consulted
Larvicide	Lowest effective label rate. The presence of thick vegetation or heavy organic material in the water may necessitate use of the highest allowable rates.	Dipping/larval counts	Applications made when thresholds are exceeded and previous treatment is no longer effective.	Daily pre-trip inspections of equipment, mandatory chemical application training includes spill procedures.	Flow rate calibrated to employee and product at start of season. GPS utilized to monitor MPH travel rates on wheeled applicators and UAS.	Daily pre-trip inspections of equipment for leaks, cracks and operation. Pre-season inspections and repairs as required. Down equipment board denotes required repairs.	Onsite weather evaluations by trained applicators and operators. No applications made if wind is excessive. No application of mineral oil to areas of potential discharge into the Whitefish River.
Pupicide	Same as Larvicides	Dipping/pupal counts	Same as Larvicides	Same as Larvicides	Same as Larvicides	Same as Larvicides	Same as Larvicides, with the exception of areas of potential discharge into the Whitefish River where the application of oils is prohibited.
Adulticide	Calibrated rate does not exceed label application limits,	CDC Light Trap counts	Applications made when thresholds are exceeded, and in accordance with label limitations. All applications will be made at the discretion of Flathead County Mosquito Control's licensed applicators.	Daily pre-trip inspections of equipment, spill kits on vehicles, mandatory chemical application training includes spill procedures.	Pre-season certified calibration and subsequent use/acre evaluations.	Daily pre-trip inspections of equipment for leaks, cracks and operation. Pre-season inspections and repairs as required. Equipment log denotes required maintenance and repairs.	GPI weather forecast monitored in advance. Onsite weather evaluations by trained applicators. No applications to areas with people present and without the consent of all affected stakeholders. Consideration will be given to natural pollinators. No applications if wind speed exceeds 5 mph or drift is likely to impact non-target areas. All applications will be made at the discretion of Flathead County Mosquito Control's licensed applicators.

This Pesticide Discharge Management Plan will be reviewed and updated once per calendar year, or whenever necessary to update the pest problem identified and pest management strategies evaluated for the Flathead County Mosquito Control District.

  
FCMCD Representative

2/17/2022  
Date

  
Flathead City-County Board of Health Chairperson

3/17/22  
Date

## FLATHEAD COUNTY REGULATIONS FOR ONSITE SEWAGE TREATMENT SYSTEMS

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**FLATHEAD COUNTY**  
**REGULATIONS FOR ONSITE SEWAGE TREATMENT SYSTEMS**

**PURPOSE OF REGULATIONS**

The Flathead City-County Board of Health understands the importance of proper treatment and disposal of sewage. Diseases such as dysentery, infectious hepatitis, typhoid, paratyphoid, and various types of diarrheal infections are transmitted from one person to another through fecal contamination of food, water and other vectors. This can occur by the improper treatment and disposal of sewage. Every effort must be made to prevent such hazards. Important to this is the proper treatment of sewage and not just the disposal of sewage.

Safe treatment and disposal of all sewage is necessary to protect the health of the individual family and the community and to prevent the occurrence of public health nuisances. To accomplish satisfactory results such waste must be treated and disposed of so that:

1. It will not contaminate any existing or future drinking water supply,
2. It will not be accessible to insects, rodents, or other possible carriers which may come into contact with food or drinking water,
3. It does not pose a health hazard by being accessible to children,
4. It will not pollute or present the potential to contaminate any surface or ground water,
5. It will not give rise to a nuisance due to odor, insect or animal attraction.
6. It will not violate laws or regulations concerning water quality protection or sewage treatment/disposal.

The Flathead City-County Board of Health has developed the following regulations and construction standards to insure the proper design, installation and operation of sewage treatment systems and to alleviate possible public health hazards associated with improper treatment and disposal of sewage.

**SECTION 1 - Authority and Scope of Regulations**

- 1.1 These regulations have been written pursuant to Title 50-2-116 - Powers and duties of Local Boards - (j) "adopt necessary regulations and fees for the control and disposal of sewage from private and public buildings not currently connected to any municipal system (fees shall be deposited with the County Treasurer)".
- 1.2 These regulations cover ALL sewage treatment systems in Flathead County except "Municipal and Publicly owned Sewage Treatment Systems" as defined herein.
- 1.3 The permit system established through these regulations governs the design, installation and operation of sewage treatment systems. Operation shall mean the system is functioning properly in compliance with the regulations. ~~at the time the permit is given~~  
~~final approval issued~~

The permit is not to be construed as being a building permit or any other permit that may

be required by other agencies to erect a structure in Flathead County.

- 1.4 The permit itself establishes the minimum criteria for the standards adopted in Flathead County. The Department does not design the systems and the recommendations set forth in the permit do not bind or obligate the county to guarantee the satisfactory operation of any system.
- 1.5 At any time throughout this permit system process, the Flathead City-County Health Department may require the applicant to provide verification of compliance, or the ability to comply with other agencies', districts', or governmental entities' bylaws, ordinances, zoning laws, rules or regulations when deemed pertinent and appropriate by the Department.

## **SECTION 2 - Effective Date and Review Procedures**

- 2.1 All provisions established under this regulation shall become effective as of date adopted.
- 2.2 At any time, the Board may propose additions or revisions to these regulations. Changes proposed to the regulation by the Board shall be processed for adoption, as prescribed by existing County Administrative Regulations.

## **SECTION 3 – Definitions**

3.1 **Abandon** - living unit removal or destruction of a living unit (dwelling) which is no longer habitable.

3.2 **Absorption Trench** - means a trench excavated between 18 to 36 inches in width for the purpose of distributing pretreated septic system effluent into the ground.

3.3 **Accessory Building** - means a subordinate building or structure on the same lot as the main building, which is under the same ownership as the main building, and which is devoted exclusively to an accessory use such as a garage, workshop, art studio, bunkhouse, guest house, or church rectory.

3.4 **Abatement Order** - shall mean a written order to (1) cease an act(s) which is in violation or causes a violation of these regulations or (2) to do an act(s) so as to comply with these regulations; it shall specify which section of these regulations is being violated or must be complied with and it shall be delivered in the manner prescribed in Section 13.2.

**3.5 Adequate Facilities** – shall mean a subsurface sewage treatment system or other facilities approved by the Department.

3.6 **"Alteration"** - shall mean physically changing a sewage treatment system by lengthening, shortening, widening, building structures over or changing the flow into a system by changing use of a living unit. Changing the use of a living unit or commercial use unit may include, but is not be limited to, adding living quarters, adding structures or changing the use in such a manner as to alter the wastewater characteristics for which the system was permitted. This shall not be construed to mean changing dwellings in a campground or a trailer court currently licensed by the State Department of Public Health and ~~Environmental~~ Human Services Sciences.  
Conversion of a campground to a mobile home park shall be considered an alteration requiring



Department approval. Alteration shall also mean the conversion of an existing living unit into multiple units.

3.7 **Applicant** - shall mean legal property owner, institution, public or private corporation, partnership or other entity that submits an application for a permit to install, alter, or construct a sewage treatment system.

3.8 **Bedrock** - shall mean material that cannot be readily excavated by hand tools, material that does not allow water to pass through or material that does not provide for the adequate treatment and disposal of wastewater.

3.9 **Bedroom** - any room that is or may be used for sleeping. An unfinished basement is considered as one (1) additional bedroom for initial system sizing. A separate building without plumbing or running water may be considered as one or more additional bedrooms to a structure with plumbing or running water. The Department has the sole discretion to determine if a room may be considered a bedroom.

3.10 **Board** - shall mean the Flathead City-County Board of Health.

3.11 **Class 1 System** - shall mean wastewater system that serves one living unit or one commercial unit. A house and shop bathroom are considered a Class 1 System.

3.12 **Class 2 System** - shall mean a shared, multi-user or public sewage treatment system with design flow of less than 1000 gallons per day.

3.13 **Class 3 System** - shall mean a shared, multi-user or public sewage treatment system with design flow of 1000 or more gallons per day.

3.14 **Composting Toilet** - means [a system consisting of a watertight compartment or a vault that contains or will receive composting materials sufficient to reduce human waste by aerobic decomposition.](#)

3.15 **Connection** - means [a line that provides water or sewer service to a single building or](#)  
**Connection** - means [a line that provides water or sewer service to a single building or main building with accessory buildings. The term is synonymous with "service connection."](#)

3.16 **Conventional System** - shall mean a sewage treatment system composed of a septic tank and standard soil absorption trenches.

3.17 **Department** - shall mean the Flathead City-County [Environmental](#) Health Department.

3.18 **Dosing** - shall mean storage and periodic, high rate discharge of sewage or effluent from one sewage treatment unit to the next.

3.19 **Failing Sewage Treatment System** - shall mean any sewage treatment system not properly functioning and shall include but not be limited to:

- (1) Sewage treatment systems whose sewage or effluent flows or enters surface waters or ground waters without adequate treatment or removal of bacteria, virus, and other contaminants of danger to public health or the environment.

(2) Systems that have sewage or effluent overflow from any of their component parts that ponds or flows on the ground surface.

(3) Systems that back sewage or effluent into any portion of the building or plumbing system.

3.20 **Fill** - shall mean artificially placed soil.

3.21 **Final Effluent Treatment** - shall mean the natural treatment derived through the process of effluent release to the environment.

3.22 **Floodplain** - shall mean the area adjoining the watercourse or drainway which would be covered by the floodwater of a flood of 100-year frequency (1% chance of occurring in any given year) as delineated by Zones "A" and "AE" on a Flood Insurance Rate Map (FIRM), Federal Emergency Management Agency (FEMA).

3.23 **Gray Water** - shall mean any wastewater other than toilet or industrial wastes and includes, but is not limited to, shower and bath wastes, kitchen wastewater, usual household chemicals and laundry wastes. Industrial wastes containing industrial chemicals are not considered as Gray Water.

3.24 **Groundwater Table** - shall mean the upper surface of groundwater in the zone of saturation of a geologic formation. The upper surface of a perched water table is included in this definition.

3.25 **Health Officer** - shall mean the legally established authority as designated by the Flathead City-County Board of Health.

3.26 **Holding Tank** - shall mean a watertight receptacle that receives wastewater for retention  
**Holding Tank** - shall mean a watertight receptacle that receives wastewater for retention and does not, as part of its normal operation, dispose of or treat the wastewater.

3.27 **Impervious or Restrictive Layer** - shall mean a layer of material that has a percolation rate slower than two hundred forty (240) minutes per inch.

3.28 **Incinerating Toilet** - means a self-contained unit consisting of a holding tank and an adequate heating system to incinerate waste products deposited in the holding tank. The incineration by-products are primarily water vapor and a fine ash.

3.29 **Individual Sewage Treatment System** - shall mean a system designed to serve one living unit or a structure used for a single commercial use which employs and/or serves less than 25 people per day or a single commercial unit which employs and/or serves 25 or more people per day less than 60 days per year.

3.30 **Infiltrative Surface** - means soil interface beneath the drain rock or leaching chamber.

3.31 **Level 2 Treatment** - means a subsurface wastewater treatment system that:

- (a) removes at least 60% of total nitrogen as measured from the raw sewage load to the system; or

- (b) discharges a total nitrogen effluent concentration of 24 mg/L or less.

The term does not include treatment systems for industrial waste.

3.32 **Living Unit** - means the area under one roof that can be used for one residential unit and has facilities for sleeping, cooking, and sanitation. A duplex is considered two living units.

3.33 **Mobile Home Park** - shall mean a tract of land providing space and water and/or sewer service to two (2) or more mobile home lots for lease or rent to the general public.

3.34 **Multiple-User Sewage Treatment System** - shall mean a non-public wastewater system that serves, or is intended to serve, more than two living or commercial units, but which is not a public sewage system as defined in 75-6-102, MCA. The total number of people served may not exceed 24. In estimating the population that will be served by a proposed residential system, the Department shall multiply the number of living units times 2.5 people per living unit.

3.35 **Municipal Sewage Treatment System** - shall mean a system that is the sole responsibility of an incorporated city or town government.

3.36 **"Non-degradation Analysis"** - **The analysis of All new or increased sources of pollution after April 29, 1993, require compliance with Montana's non-degradation laws and rules in MCA 75-5. For discharges to groundwater, the project must pass a nitrate sensitivity analysis and phosphorus breakthrough analysis.**

3.37 **Owner** - shall mean the person who is the legal titleholder of land onto which a sewage treatment system has been or is to be placed.

3.38 **Permit** - shall mean a written authorization issued by the Department allowing construction, alteration, installation or operation of a sewage treatment system under the provisions of this regulation.

3.39 **Pit Privy** - shall mean a non-vaulted outdoor toilet which receives undiluted sanitary sewage.

**"Pit Privy"** - shall mean a non-vaulted outdoor toilet which receives undiluted sanitary sewage.

3.40 **Portable Toilets** - shall mean an enclosed receptacle designed to receive non-water carried toilet wastes into a watertight vault.

3.41 **Pre-existing sewage treatment system** - a wastewater treatment system installed before 1969 when permitting was established by the Board.

3.42 **Premises** - shall mean a definite portion of real property with its appurtenances, also to include a building or part of a building. This shall include, but not be limited to, residential dwellings, mobile homes, recreational vehicles, commercial or industrial structures, apartment, condominiums, and townhouses.

3.43 **Primary Treatment** - shall mean a treatment system, such as a septic tank, that provides retention time to settle the solids in raw wastewater and that retains scum within the system.

3.44 **Publicly Owned Sewage Treatment System** - shall mean a public sewage system that is the sole responsibility of a Sewer District created in accordance with Montana Law.

3.45 **Public Sewage System** - means a system for collection, transportation, treatment, or disposal of wastewater that serves 15 or more families or 25 or more persons daily for any 60 days or more in a calendar year. In estimating the population that will be served by a proposed residential system, the Department shall multiply the number of living units times 2.5 people per living unit, so that 10 or more proposed residential connections will be considered a public system.

3.46 **Replacement System** - a sewage treatment and disposal system that is installed to upgrade an existing system or replace a failed system.

3.47 **Sealed component** - shall mean a receptacle which is watertight on the sides, bottom and possibly the top in which wastewater is held for primary treatment or effluent is held for intermittent conveyance to an additional treatment component.

3.48 **Seasonally high ground water** - means the depth from the natural ground surface to the upper surface of the zone of saturation, as measured in an unlined hole or perforated observation well during the time of the year when the water table is the highest.

3.49 **Secondary Treatment** - shall normally mean any process or facility to further reduce the suspended or dissolved organic and/or inorganic solids in the effluent from a "Primary Treatment" facility or process. This can take many forms, one of which is a subsurface drain field.

3.50 **Septage** - shall mean material removed from a septic tank, cesspool, portable toilet, Type III marine sanitation device or similar treatment works that receives only domestic sewage. Domestic septage does not include liquid or solid material removed from a septic tank, cesspool or similar treatment works that receives either commercial wastewater or industrial wastewater and does not include grease removed from a grease trap at a restaurant.

3.51 **Septic Tank** - shall mean a watertight accessible covered receptacle designed and constructed to receive sewage from a structure or structures, settle solids from the liquid, to anaerobically digest organic matter and store digested solids through a period of retention and allow the clarified liquids to discharge to other treatment units for final disposal.

3.52 **Sewage** - shall mean a combination of liquid wastes that may include usual household chemicals, domestic wastes, human excreta, animal or vegetable matter in suspension or solution, and other solids in suspension or solution, which is discharged from a dwelling, building or other establishment.

3.53 **Sewage Treatment System (STS)** - shall mean a system for sanitary collection, transportation, treatment and disposal of sewage, operated in accordance with State and Local Board of Health Regulations. Referred to as septic or wastewater treatment systems.

3.54 **Shared Sewage Treatment System** - means a sewage treatment system which receives wastewater from 2 living or commercial units with a total service population of less 25 people per day, or more than 25 people per day for less than 60 days per year.

3.55 **Site Evaluation** - shall mean the physical inspection of each proposed drainfield site on the property to determine suitability for installation of a subsurface onsite wastewater sewage treatment systems.

3.56 **"Site Review"** - physical inspection of the property for previously approved drainfield and well ~~sites re-evaluated regardless of when they were approved. To ensure the~~

drainfield and water well are properly located.

3.57 **Soil Profile** - shall mean a detailed description of the soil strata to a specific depth. The description can be expressed using the U.S. Department of Agriculture's Soil Classification System or the Unified Soil Classification System.

3.58 **Subdivision** - shall mean a division of land as defined in the most current revision of the **Subdivision** - shall mean a division of land as defined in the most current revision of the Sanitation in **Subdivision** - shall mean a division of land as defined in the most current revision of the Sanitation in

**"Subdivision"** - shall mean a division of land as defined in the most current revision of the Sanitation in Subdivisions Act (76-4-101 thru 76-4-131, M.C.A. 1995) and/or its Regulations (Title 17, Chapter 36, Sub- Chapters 1, 3 and 6 ARM), now and as hereafter amended.

3.59 **Subsoil Drain** - shall mean foundation drains, French drains, vertical drains, or other drainage systems designed to lower a groundwater table.

3.60 **Surface Water** - shall mean any natural or man-made body of water or watercourse, including lakes, ponds, rivers, creeks, streams and swamps.

3.61 **Temporary Permit** - shall mean a permit authorizing installation of an interim sewage treatment system.

3.62 **Test Hole or Test Pit** - shall mean an open pit dug to sufficient size and depth to permit thorough examination of the soil to determine a soil profile.

3.63 **Variance** - shall mean the the granting of an exception to the minimum requirements set out in these regulations, pursuant to Section 14 of these regulations, by the Flathead City-County Board of Health

3.64 **Vaulted Pit Privy** - is a structure and an underground watertight vault for the temporary storage of non-water-carried wastewater.

3.65 **Waste Segregation** - shall mean a system for the dry disposal of toilet waste by a method such as composting, chemical, dehydrating, or incinerator treatment with a separate disposal method for gray water.

#### **SECTION 4 - Application and Permits**

4.1 A permit issued by the department is required for any person to construct, alter, repair and/or operate any sewage treatment system within Flathead County unless the system is either a municipal or a Sewer District owned sewage treatment system.

4.2.- All applications for permits shall be made to the Department. The applicant will furnish The Department will be furnished a copy of all plans to the Department. Individual sewage treatment plans will be processed at the County level. Certain multiMulti-user and all Public Sewage system plans will be reviewed by the Department and forwarded to the Montana

Department of Environmental Quality, if required, for their review, approval and returned to the Department. ~~An application will expire in one year if no activity has occurred.~~

Permits shall be issued upon compliance by the applicant with all provisions of these regulations. Upon completion of the review process, approval and payment of the appropriate fee, one copy of the permit will be provided to the applicant. An application will expire in one year if no activity has occurred.

- 4.3 All sewage treatment systems in Flathead County shall utilize uniform pressure distribution. Plans and specifications shall be prepared by a professional engineer or a sewage treatment system designer certified by the Department.
- 4.4 Non-degradation - All new septic systems within Flathead County, except those previously reviewed under the Sanitation in Subdivisions Act, shall comply with those standards as required under the Administration Rules of Montana (ARM) Title 17, Chapter 30, Sub-chapter 5, Mixing Zones in Surface and Groundwater and Sub-chapter 7, Non-degradation of Water Quality. A fee for this activity will be assessed as established in the schedule of fees adopted by the governing body.
- 4.5 Application for a sewage treatment system permit, site review, or site evaluation shall be made only by the owner or lessee of the property for which the system is proposed or his/her legally authorized agent or assigns and shall be in writing bearing the applicant's signature. Applications shall be made on forms provided by the Department and shall include the following:
- (1) Legal description of property for which construction, alteration, or repair is proposed. [Lot and Block numbers in a platted subdivision, or if applicable the Tract Number(s) and an assessor number, plus the Section, Township and Range]. The applicant MUST ALSO PROVIDE a visual representation of the property. This may be a copy of a Certificate of Survey that created the property, a copy of the Plat, Deed Exhibit, or a copy of the Section map. This material may be obtained at the Plat Room of the County Clerk and Recorder's Office at the owner's expense.
  - (2) Parcel Size
  - (3) Names, current addresses, telephone numbers and e-mail address of the applicant, and those legally responsible for the operation and maintenance of the system.
  - (4) Address of the property on which the system is to be installed.
  - (5) A site plan indicating whether public and/or private sewer and water systems will be used. Include the design and location of proposed sewer and water systems showing their relation to site elevations, water wells or surface water bodies, including those located on adjacent properties within 100 feet of the property line, proposed and existing buildings, driveways, parking areas, other utility lines, and lot boundaries. Show the site available for a replacement system, or include a plan to correct possible system failure.
  - (6) Proof that the proposed structure will be in compliance with current zoning regulations in that specific area is required.
  - (7) The Department may require submission of a floor plan to verify number of bedrooms and other factors in the proposed structure that may affect wastewater flows rates.
  - (8) Payment of site evaluation fee.



4.6 \_Procedural -If the property proposed for the sewage treatment system installation, alteration, replacement or repair and operation has not been reviewed and does not have a Certificate of Subdivision Plat approval, a site evaluation must be conducted by the Department to determine the suitability of the property and the area designated for the sewage treatment system installation, alteration or repair before issuing a permit under these regulations. The applicant shall grant the Department access to the property for the purpose of determining site suitability.

~~Parcels for which additional development is proposed must provide:~~

~~1) at least 1 additional acre for each Living Unit or 700 gpd of design wastewater flow for commercial and other non-residential uses if served by an individual water supply and sewer service or;~~

~~2) at least an additional 20,000 ft<sup>2</sup> for each Living Unit or 700 gpd of design wastewater flow for commercial and other non-residential uses if either the water or sewer is provided by a shared, multi-user or public system.~~

4.6 \_Procedural -If the property proposed for the sewage treatment system installation, alteration, replacement or repair and operation has not been reviewed and does not have a Certificate of Subdivision Plat approval, a site evaluation ~~may~~ must be conducted by the Department to determine the suitability of the property and the area designated for the sewage treatment system installation, alteration or repair before issuing a permit under these regulations. The applicant shall grant the Department access to the property for the purpose of determining site suitability.

NOTE: The presence of a Certificate of Subdivision Plat Approval or previously approved site evaluation on a specific property does not obligate the Department to issue a sewage treatment system permit without a site review /site evaluation if the information provided is found to be inaccurate or additional information from the immediate area regarding soil, groundwater, etc., indicates the physical conditions are different than represented by the Certificate of Subdivision Approval.

- (1) On any existing tract of land in Flathead County, whether it be an individual tract or a lot in a platted subdivision where new construction is proposed requiring a sewage treatment system, area must be made available for a 100% replacement of the original system in the event that failure occurs or the applicant must provide the Department with a plan or procedure to correct the system failure should it ever occur. The plan or procedure must be approved by the Department prior to issuing the permit for the original or primary system.

NOTE: New construction on any tract of land or subdivision lot, regardless of when it was created, where the new construction proposed is for multiple family structures, multiple dwelling connections or for commercial or industrial structures shall be required to have area available for a 100% replacement of the original system.

The Department may require that the applicant have a test hole dug in the area of the proposed sewage treatment system installation, alteration or repair. The depth of the test hole will be dependent upon the type of information the Department feels is necessary for that specific situation. The Department may require that the applicant provide more than one (1) test hole depending upon the variability of the soils, the type of information necessary, and/or the anticipated size of the drainfield area.

- (2) After or during the inspection of the property, the Department may require that the applicant provide additional information. The reasons for this request shall be provided to the applicant. This additional information may include, but is not limited to, percolation tests, more detailed soil analyses, groundwater monitoring or a system designed by a professional engineer.
- (4) If groundwater monitoring is deemed necessary based on information received during the site evaluation, derived from Soil Conservation Service (SCS) material or from experience with that specific area, groundwater monitoring shall be carried out to determine the depth to high seasonal groundwater during its period of occurrence, in order to determine compliance with these regulations (see Section 9.5). If information received during a site evaluation, or if any information received indicates that a conventional system cannot be installed so as to fully comply with these regulations, the Department will require that the applicant seek the assistance of a professional engineer to design a system complying with these regulations.
- (5) Permits for multi-ple-user systems which are designed to serve multiple lots or parcels shall not be issued until an ownership, maintenance and operation agreement acceptable to the Department has been submitted. Furthermore, final approval of the installation shall not be given until the agreement has been filed with the County Clerk and Recorder.
- (6) If any portion of a sewage treatment system must encroach within 10 feet of a property line, a written permission from the neighboring property owner must be obtained prior to issuance of a sewage treatment system permit.
- (7) If any portion of a sewage treatment system will be located on another parcel of land, an easement filed with the County Clerk and Recorder will be required prior to issuance of a sewage treatment system permit.
- (8) The Department may require the material discussed in this section be provided by persons trained in the related field(s).

4.7. The Department shall not issue a permit until all pertinent site data and required design plans have been received, reviewed and determined to be in full compliance with all provisions contained in these regulations and applicable State Regulations. If the Department does not have qualified personnel or facilities to perform adequate review of a particular plan, it shall secure review and evaluation by an independent engineer to the extent deemed necessary. One set of plans approved by the Department, will be retained. At the time the Department determines the proposal outlined in the application complies with the regulation, a permit will be prepared and signed by the Department. A permit is not considered as issued until the applicant has paid the appropriate permit fee.

4.8 Any system requiring advanced wastewater treatment, maintenance or performance requirement, shall require a Deed Restriction to be filed on the property as determined by the Department. Any permit requiring a Deed Restriction, Easement, Shared User or Maintenance Agreement will be issued only AFTER the signed document(s) have been recorded and copies have been received by the Department.

#### 4.9 Permit, Site Review and Site Evaluation, Fees

- (1) A site evaluation or site review fee may be required and must be submitted with each application.

- (2) Applicants shall be required to pay the permit fee prior to issuance of the permit.
- (3) Fees shall be in accordance with a Schedule of Fees adopted by the Flathead City-County Board of Health, a copy of which shall be available at the Health Department.

4.10 After-the-Fact Permit - If any part of a septic system is found to be installed or constructed without a permit issued by the Department, an after-the-fact permit may be issued and the appropriate fee charged.

4.11 Temporary Permit - A permit to install and operate a temporary sewage treatment system may be issued by the Department:

- a) When municipal or public sewer is proposed to be made available to the subject property within twelve (12) months, or
- b) In an emergency situation, such as a failed drainfield, providing all setbacks are made and a new permit is being proposed for the existing structures.

The Department shall require some form of financial assurance that the connection will be made to a municipal sewer or on-site sewage treatment system fully compliant with the Regulations.

Additional time must be granted through a variance with the Board of Health. Financial hardship shall not be considered as the basis for issuance of a temporary permit. Issuance of a temporary permit shall be subject to any or all of the following conditions as deemed appropriate by the Department through written agreement:

- (1) Annexation to the municipality or district.
- (2) The Department may require a form of security to assure compliance with this Section. The form of security may be:
  - a) Cash or other collateral readily convertible to cash at face value deposited in an escrow account or with the Department.
  - b) Certificate of deposit payable to the Department.
  - c) The owner shall provide the Department with a letter of credit from a bank or other reputable institution or individual certifying the following:

That the creditor guarantees funds in an amount of 125% of the projected cost of completing all required improvements;

That if the owner fails to complete the specified improvements within the required period, the creditor will immediately pay the Department upon presentation of a sight draft without further action, an amount of cash necessary to finance the completion of those improvements, up to the limit of credit stated in the letter;

That the letter of credit may not be withdrawn or reduced in amount until released by the Department.
  - d) A commercial bond, or

e) Other security acceptable to the Board.

The amount of the security shall be 125% of the total estimated project cost and the estimated cost shall be determined by a licensed professional engineer or licensed contractor, whichever is deemed appropriate by the Department. If the Department determines that the holder of a temporary permit has not complied with the terms of the permit or agreement, it may withdraw the security and use these funds to construct the improvements or correct any deficiencies necessary to bring the permit holder's system into compliance with the permit or agreement.

#### 4.12 Continuation of Pre-Existing Systems

- 1) a pre-existing wastewater treatment system is a system installed before July 1, 1969 when permitting requirements were first established by the Board. The definition does not include existing systems that were installed without the required permit such that the system was/is in violation of regulations adopted by the Board and was/is not authorized for use.
- 2) Subject to the provisions of these regulations, including Section 5.2, the use or maintenance of a properly functioning pre-existing wastewater treatment system may be continued. This shall not be construed to permit a use when the pre-existing system violates Section 2.1 of these regulations.
- 3) If a structure served by pre-existing wastewater treatment system undergoes significant alteration, the pre-existing system shall be replaced under these regulations. For purposes of these regulations, significant alteration is when a structure has suffered fifty (50) percent or greater destruction and is being replaced or restored. The destruction can be intentional or unintentional, resulting from things like fire, flood, or remodeling. Replacement of a mobile home with a permanent structure is considered significant alteration. Replacement of a single wide mobile home with another single wide mobile home or replacement of a double wide mobile home with another double wide mobile home with the same number of bedrooms is not a significant alteration.

#### 4.13 Repair or Alteration of Pre-Existing Systems

- 1) It shall be unlawful to repair or alter a pre-existing wastewater treatment system. All pre-existing systems for which alterations or repairs are required or proposed shall be either permanently abandoned or replaced under these regulations.
- 2) When application is made for a new or replacement wastewater treatment system on a parcel with a pre-existing or unapproved system(s), the pre-existing or unapproved system(s) shall be replaced under these regulations before or at the same time the new or replacement system is installed unless otherwise approved by the Department.

#### 4.14 Re-use of Existing Permitted Sewage Treatment Systems - Sewage treatment systems no longer in use due to the removal or destruction of a structure may be permitted for re-use provided the following criteria are met: Such a system may not be enlarged, repaired, subject to increased use, or altered in any manner unless the alteration(s) bring the system into compliance with current regulations.

- 1) There is a permit for the existing system in the FCCHD files.
- 2) The system is in compliance with all current separation and setback requirements.

- 3) The system is in compliance with current construction standards.
- 4) The system appears to have adequate capacity for the proposed use as related to current minimum standards, and
- 5) Application is made and a new permit is issued.

Sewage treatment systems within the 100 year floodplain may be replaced provided all other setback and separation requirements are met. However, if any portion of the applicant's property is located out of the floodplain, the applicant may be required to locate all or a portion of the replacement system in this area.

4.15 A sewage treatment system which the Department determines must be abandoned shall have:

- 1) The sewer line disconnected between the building and the septic tank
- 3)2) The septic tank shall be pumped and destroyed by filling with an inert solid, removed from the premises or re-used if the tank is in suitable condition.
- 3)2) The septic tank shall be pumped and destroyed by filling with an inert solid, removed from the premises or re-used if the tank is in suitable condition.
- 3) Written certification by the owner to the Department that the system has been abandoned in accordance with the conditions referenced above

#### **SECTION 5 – Expiration and Revocation of Permits**

- 5.1 If a sewage treatment system for which a permit has been issued and the system has not been installed, inspected and approved by the Department within 12 months, said permit shall expire. Should a permit expire, the applicant may reapply. The new permit shall be subject to all requirements that exist at the time the new application is made.

The permit for a sewage treatment system which has been inspected and approved will be revoked if the system has not been put into operation within two (2) years.

Prior to use of the system, a new application must be made with the appropriate fees assessed to Prior to use of the system, a new application must be made with the appropriate fees assessed to renew the permit. The application for renewal will be reviewed prior to permitting to ensure compliance of the existing system with the regulation in effect at the time of application and that the connection to a structure can be made in compliance with those regulations. An inspection of the connection to a structure may also be required.

- 5.2 NOTE: The Department is not obligated to issue a new permit to an applicant who has allowed a previously issued permit to expire or be revoked even though the new permit application utilized the same specifications and information as on the previously issued and expired permit. A new permit will not be issued if information becomes available indicating that a previously approved system or permit cannot now be approved or re-issued and be in full compliance with the regulations that exist at the time of reapplication.
- 5.3 The installation, alteration, repair or operation of a sewage treatment system after the initial permit has expired shall constitute a violation of these regulations.
- 5.4 Any changes in plans, details or specifications of construction not approved by the

Department after the permit has been issued, shall invalidate the permit.

- 5.5 There will be no reimbursement to any applicant of fees received for the issuance of the permit.
- 5.6 The Department may void a permit before its normal expiration date when any of the facts or conditions upon which the permit specifications were based are found to constitute a violation of these regulations.

#### SECTION 6 - Denial of Permit

- 6.1 The Department shall not issue a permit if the sewage treatment system, as proposed, will not comply with these regulations and construction standards, the applicant failed to supply all data necessary to make a determination or, required fees were not received.
- 6.2 If a tract of land is presently being reviewed under the Sanitation in Subdivisions Act, a permit will not be issued to serve any structure on that tract of land until the review of said subdivision has been completed and the subdivision approved.
- ~~That the applicant has failed to pay the required fees and has failed to make such payment within ninety (90) days after notice to the applicant by the Department that the permit has been prepared and can be issued upon payment of the appropriate fee.~~
- 6.2 If a tract of land is presently being reviewed under the Sanitation in Subdivisions Act, a permit ~~cannot will not~~ be issued ~~for to serve~~ any structure on that tract of land until the review of said subdivision has been completed and the subdivision approved.
- 6.3 A permit may be denied if it is found that any provision of a Certificate of Subdivision Approval has been violated.
- 6.4 A permit may be denied if it is found that such installation is in conflict with the requirements of the Sanitation in Subdivisions Act or its regulations, or if such installation is intended as a means of avoiding the requirements of the Sanitation in Subdivisions Act or its regulations.
- 6.5 A permit to construct a sewage treatment system for a structure on any tract of land, regardless of size, where there already exists another structure or structures, serviced by a separate sewage system(s), shall be denied if the applicant cannot provide substantiating evidence that there is available area for the construction of said system and there is sufficient area to construct a 100% replacement system for that system and for any other sewage treatment system on that tract of land.
- 6.6 If an approved public municipality or sewer district sewer line is readily available within a distance of 200 feet of the property line and the owner (publicly owned entity) approves the connection, the applicant must connect. A connection is considered as not readily available if:
- 1) The cost of constructing the ~~to~~ connection, to the public sewer as determined by the Department, is greater than three times the cost (3:1 cost analysis) of the installation of an onsite wastewater treatment system that could be approved for the site. (Construction



costs only. Costs related to annexation, such as road improvements, late comer fees, impact fees and sidewalks, are not relevant to the determination), ~~or~~

2) Connection to the public system is physically impractical, or

3) Necessary easements cannot be obtained.

4) The publicly owned entity is notified of the Department's decision and concurs with the septic system installation or repair approval.

6.7 If the Department determines that the primary purpose of a proposed septic system is to avoid annexation to a public sewer, the permit shall be denied.

6.8 Any denial of a permit shall be made with reasons for such denial and shall be given to the applicant.

## **SECTION 7 – Contractor - Installer Licensure**

7.1 It shall be unlawful for any person, except as delineated in this section, to construct, alter or repair an individual or multi-ple-user sewage treatment system within Flathead County unless that person holds a valid Flathead County Sewage Treatment System Installer's License.

A homeowner may construct, alter or repair an individual sewage treatment system for his/her own residence on his/her own property after passing a self-installer test administered by the Department and pay the associated fee.

However, the owner must understand that the system must be constructed in full compliance with these regulations and design and construction standards. Detailed plans showing the proposed layout, construction method and materials to be used must be provided to the Department. A builder who owns several parcels of land and who builds structures on these parcels for sale, rent or lease and not for the purpose of their residing in said structures shall not be considered a "homeowner".

7.2 All first time applications for contractor licenses shall be made to the Department who may grant the license upon completion of the following:

- (1) Name, address and telephone numbers of the applicant.
- (2) Passing the required examination.
- (3) Receipt of the license fee payment.

\*\*All applications for license renewal shall contain all the elements of a first time application except that the examination requirement may be waived if the applicant has demonstrated knowledge of good sewage system design and/or installation in the year immediately preceding the application.

7.3 Contractor licenses shall be valid from January 1 through December 31 for the year stated on the license and shall be renewable by March 1 of the following year. Licenses are not transferable.

7.4 Contractor licenses may be denied for any of the following reasons:

- (1) Constructing or altering a sewage treatment system without a valid permit, and/or,
- (2) Having a license revoked within twelve (12) months preceding the application, and/or,
- (3) Failure to meet the terms of License Applications.

(3)(4) A contractor that has not installed a septic system in the previous two years will be required to take an examination to renew their license.

7.5 Contractor licenses are the property of the Department and may be revoked by the Department at any time for the following reasons:

- (1) Installation of a sewage treatment system prior to the issuance of a septic system permit, and/or,
- (2) Failure to gain approval for a sewage treatment system installation, and/or,
- (3) Providing false evidence or information to obtain a septic permit or gain approval of a septic installation.

7.6 In the event that any portion of Section 7.5 has been violated and revocation of the license is deemed appropriate, the Department shall notify the licensee in writing that the license has been revoked. Reasons for the revocation shall be specified in the letter.

7.7 Appeal to the Board. A contractor whose license has been revoked by the Department may appeal that decision to the Board of Health. After receiving the appeal, the Board shall allow the appellant to present his/her appeal before the Board at its next regularly scheduled meeting, provided that such request is received at least thirty (30) days prior to the scheduled meeting date. At this meeting, the appellant may appear in person, be represented by another person, or may appeal to the Board in writing. The Board shall, within fifteen (15) days after hearing and/or reviewing the appeal, respond to the applicant in writing stating its decision and reasons. The Board's decision shall be determined as final.

7.8 The term of revocation will be for one calendar year from the date of violation. Re-licensure shall be permitted only after completion of the requirements set forth in Section 7.2.

## **SECTION 8-- Certified Designers of Sewage Treatment Systems**

8.1 Sewage treatment systems shall be designed by certified designers. Certified Designers shall demonstrate competency by participating in class instruction, passing the required examination, possessing the appropriate requisite skills, paying a fee and submitting designs that comply with the Regulation and Construction Standards.

- (1) A Certified Designer has demonstrated the skills to design the following sewage treatment systems with the following soil absorption systems:
  - a) Standard Absorption Trenches
  - b) Shallow-capped Absorption Trenches
  - c) Gravel-less Trenches and Other Absorption Methods

d) At-grade Absorption Trenches on Level Sites (0-2%)

e) Deep Absorption Trenches

c)f) Sand-lined Absorption Trenches

- (2) PE Designer. Professional engineers may design any sewage treatment system identified in the Construction Standards. Sewage treatment systems not specifically identified above shall be designed only by a professional engineer. Any system with design flows over 2500 gallons per day must be designed by a Professional Engineer.

NOTE: The Department may require any sewage treatment system to be designed by a Professional Engineer based upon site limitations.

8.2 Certification shall be valid from January 1 through December 31 for the year stated on the Certification and shall be renewable by March 1 of the following year.

8.3 Certifications may be revoked by the Department for the following reasons:

- (1) Participating in the installation of a sewage treatment system prior to the issuance of a septic system permit, and/or
- (2) Providing false evidence or information to obtain a septic permit.
- (3) Inability to provide compliant designs.

8.4 In the event the revocation of Certification is deemed appropriate, the Department shall notify the licensee in writing that the license has been revoked. Reasons for the revocation shall be specified in the letter.

8.5 Appeals to the Board. A designer whose certification has been revoked by the Department may appeal that decision to the Board of Health. After receiving the appeal, the Board shall allow the appellant to present his/her appeal before the Board at its next regularly scheduled meeting, provided that such request is received thirty (30) days prior to the scheduled meeting date. At this meeting, the appellant may appear in person, be represented by another person, or may appeal to the Board in writing. The Board shall, within fifteen (15) days after hearing and/or reviewing the appeal, respond to the applicant in writing stating its decision and reasons. The Board's decision shall be determined as final.

## **SECTION 9 - Inspection & Operation of Sewage Treatment Systems**

9.1 Once a permit for a sewage treatment system has been issued by the Department, construction of the system may begin. All systems SHALL be inspected by the Department PRIOR to backfilling any portion of said system, unless specific permission has been granted by the Department to backfill a portion of the system. For engineer-designed systems, presence of the design engineer or representative is mandatory at this inspection. It shall be the responsibility of the applicant, or the applicant's contractor, to notify the Department forty eight (48) hours in advance of the anticipated completion time of the construction of the system for the purpose of arranging a time for inspection. Requests for inspections must be made during normal Department work hours.

9.2 By the issuance of a permit, the owner of the property consents to the re-inspection by the Department of the sewage treatment system during its operational life. This consent shall be binding upon the owner's successors, heirs and assigns in interest. Re-inspections shall be

conducted during regular business hours. The purpose of the re-inspection is to determine that the sewage treatment system is operating in compliance with these regulations.

- 9.3 During the Department's inspection of the sewage treatment system the inspector shall diagram the distance, dimensions and capacities of all component parts of the system on the Department's copy of the [permit](#) and evaluate the conformity of the construction and operation of the system relative to all provisions of these regulations and the plans and specifications approved for that permit.
- 9.4 Should the inspector find that any aspect of the construction or operation of a sewage treatment system is not in full compliance with these regulations and/or the plans and specifications filed with the permit, he/she shall describe these deficiencies in detail in writing on the Department's copy of the inspection record. The Department shall then notify the applicant or owner immediately of all deficiencies and require that corrective action be taken. A re-inspection shall be made upon notification by the applicant or the applicant's contractor, as specified in this Section, to ensure that the deficiencies have been corrected and that the system has been brought into compliance with these regulations and/or the specifications of the permit. A re-inspection fee shall be paid prior to [final approval](#).
- 9.5 The deficiencies as described by the Department must be corrected within fifteen (15) days, unless a longer compliance schedule is approved by the Department. Noncompliance with the above schedule or use of the system shall constitute a violation of these regulations. (See Section [15](#) - Violations, Penalties and Enforcement)
- 9.6 Final approval for engineer-designed systems shall not be granted until the design engineer furnishes a complete set of as-built drawings and written certification to the Department that the project was completed as shown  
. The certification and as-built drawings shall be provided to the Department within [30](#) days  
. The certification and as-built drawings shall be provided to the Department within [30](#) days following the final inspection.
- 9.7 The property owner shall be responsible for proper operation, maintenance and cleaning of the system and/or abatement of any nuisance arising from its failure, unless jurisdiction for responsibility has been transferred to a public, or private entity or political subdivision. The issuance of a permit does not constitute assumption by the Department or its employees of liability for the failure of any sewage treatment system nor does it imply any guarantee by the Department that the system will function properly.
- 9.8 The Board of Health or Department may require the owner of an individual or multi-user sewage treatment system to maintain and submit to the Department records of inspection, maintenance, cleaning and testing performed on the system as deemed necessary by the Board or Department for any system requiring maintenance beyond normal pumping and filter cleaning frequency, for any system designed to treat wastewater that exceeds residential strength, any system that utilizes Level 2 or greater treatment technology, or any system that may not be functioning or being operated properly.
- 9.9 Sewage treatment systems are designed to accept domestic wastes, not to include toxic chemical wastes, e.g., developing solutions from photographic activity, industrial wastes, wash-down of chemical containers, etc. Water from roof drains, groundwater, surface runoff, gutters, sump pumps, etc., shall not be discharged into a sewage treatment system and should be purposely directed to discharge to locations that will not in any way affect a sewage treatment system or pollute State waters.

NOTE: Gray Water must be treated as sewage and disposed of through an approved sewage

treatment system.

## **SECTION 10 - Minimum Requirements for Class 1 - 3 Sewage Treatment Systems**

### 10.1 General

1) The sewage treatment system shall consist of a sewage conveyance line immediately outside the foundation wall to the septic tank or other approved primary treatment device, possibly an intermediate treatment device and a final effluent treatment system usually consisting of a subsurface absorption field.

2) All effluent treatment systems using a subsurface absorption field shall employ uniform pressure distribution.

3) Wastewater flows:

a) Residential wastewater flows -

Residential wastewater design flow rates must be estimated as follows:  
Residential wastewater design flow rates must be estimated as follows:  
Residential wastewater design flow rates must be estimated as follows:  
Residential wastewater design flow rates must be  
estimated as follows:

When the number of individual living units on a single or common absorption system is 9 or less, the following table must be used. Sizing is based on individual independent living units, not collective number of bedrooms. Living units will be considered to have three bedrooms unless otherwise noted.

1 bedroom 150 gpd  
2 bedrooms 225 gpd  
3 bedrooms 300 gpd  
4 bedrooms 350 gpd  
5 bedrooms 400 gpd  
Each additional bedroom add 50 gpd

An unfinished basement will be considered an additional bedroom.

b) Nonresidential wastewater flow

Typical daily flows for a variety of commercial, institutional, and recreational establishments are presented in the Construction Standards. For design purposes, the typical flows must be used as minimum design flows. Greater design flows may be required where larger flows are likely to occur, such as resort areas. Design flow must be computed using the total number of units in the proposed facility times the typical daily flow in the tables

. Where the system includes several different types of uses from the tables, each use must be computed separately, and the design flow must be based on the sum of all of the uses. A means of flow measurement (such as flow meters or pump run-time meters) may be required.

As an alternative to the flows listed in the tables, design flow may be based on actual water use data from similar facilities. Because this water use data will typically be monthly averages, the peak design flow must be a minimum of 1.5 times the average flow. System components may be added (or enlarged) to address peak flows to allow drainfields to be sized based on average flow.

- 4) Upon failure of any portion of a sewage treatment system, the Department may require upgrading of any other portion of the system in addition to the failed component.
- 5) Installation of an unsealed pit privy is prohibited in Flathead County.
- 6) Installation and use of a vault toilet (sealed pit privy) shall be limited to serving a structure that does not have water piped into the building.

## 10.2 Location

1) The location and installation of a sewage treatment system and each part thereof shall be such that, with reasonable maintenance, it will function in a sanitary manner and will not create a nuisance nor constitute a hazard to public health nor endanger the safety of any actual or potential domestic water supply, nor directly enter the waters of the State of Montana. In determining a suitable location of the system, consideration shall be given to the size and shape of the lot, soil conditions, slope of the land, depth to groundwater, proximity to existing and proposed water supplies, existing sewage treatment systems, State waters, depth to bedrock and/or impervious materials and to areas for expansion or replacement of the treatment system.

2) Minimum distances/separations have been established for location of the various component parts of the sewage treatment system and these distances/separations are shown in Table 1.

TABLE 1 - MINIMUM SETBACK AND SEPARATION DISTANCES

FROM:	TO: Septic Tank pump Chamber other Sealed Components (feet)	To: Absorption System (feet)
Well (a)	50	100
Public Well/Multi-user well	100	100
100-year Floodplain	5 <sup>(b)</sup>	100
Surface Water <sup>(c)</sup>	50	100 <sup>(a)</sup>
Foundation Wall	10	10
Water Lines (main)	10	10
Water lines crossing over sewer lines	18 inches	Prohibited
Property Lines <sup>(d)</sup>	10	10
Absorption System	10	---
Slopes in excess of 25% <sup>(h)</sup>	10	25
Groundwater Table <sup>(e)</sup>	(e)	4 <sup>(a)(g)</sup>
Bedrock <sup>(e)</sup>	(e)	4 <sup>(a)(g)</sup>
Impermeable or Impervious Layer <sup>(e)</sup>	(e)	4 <sup>(a)(g)</sup>
Subsoil Drains	10	10

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Cisterns <sup>(a)</sup>	25	50
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a) Variances to these setbacks will not be considered for new construction.

b) Force mains for sewage and sewage effluent are excluded with the following conditions:

(i) The force main originates from a septic tank or other approved treatment device and terminates to a drainfield or other approved subsurface soil distribution system in compliance with the minimum setbacks provided in Table 1.

(ii) The force main is to be constructed of High-Density Polyethylene (HDPE) Sewer Pipe and must have a pressure rating of at least 200 PSI.

(iii) It is preferable that the pipe not be joined together in the floodplain. If necessary, pipes shall be joined to one another and to HDPE fittings by thermal butt-fusion. Thermal butt-fusion of pipes and fittings shall be performed in strict accordance with procedures recommended by the pipe manufacturer.

(iv) Hydrostatic and leakage testing shall be completed on all constructed force mains for a minimum period

of 2 hours tested at one and one half times the operating pressure or 60 psi whichever is the greater value. No loss of pressure (less than five psi) will be allowed.

(c) Surface Water - This distance shall be measured horizontally from the high water mark.

(d) For proposed installations where any portion of the sewage treatment system will be located less than 10 feet from the property line, a written permission must be obtained from the adjoining owners.

(e) Groundwater Table - Depth to groundwater table shall be measured during its highest period of occurrence (high seasonal groundwater level).

(f) The Department may require that special design criteria and construction techniques be utilized when septic tanks, pumping chambers and sealed lines are proposed to be located within two (2) feet of the groundwater table, bedrock, impermeable soils, or extremely coarse soils (gravels).

(g) 4 feet - The separation to groundwater, bedrock and/or impermeable or impervious layer shall be measured from the infiltrative surface.

(h) Allow an engineered level 2 trench drip systems up to a 35% slope.

3) No component of any sewage treatment system shall be located under driveways, parking areas or areas subject to heavy loading and no vehicles shall be driven over the system after installation, except those portions properly installed to accept traffic loads. No component part of any sewage treatment system shall be installed in an area that might later be used for building additions, garages, sheds or other structures that will restrict immediate access to any portion of the system for necessary maintenance and repair. NOTE: No absorption system shall be placed under driveways, roadways, parking areas or areas that may be subject to continued/periodic vehicular traffic, regardless of design and installation. Soil absorption fields shall be adequately protected (e.g., fenced) to prevent trampling by livestock or damage from vehicular traffic.

4) Floodplain: No soil absorption system shall be located within 100 feet of a 100 year floodplain of any river, lake, stream, pond, or watercourse and from any swamp or seep as delineated

by the most current Federal Emergency Management Agency (FEMA) floodplain maps available and accepted for use in Flathead County or other method of delineation described in subsection (b).

- (a) Where FEMA floodplain maps are available the shaded zones as shown on the map shall generally be considered as a guideline in determining the area within the 100-year floodplain. In those areas where there are questions due to either the scale of mapping or variation in topography, the 100-year floodplain boundary shall be further delineated by obtaining a Letter of Map Amendment through FEMA. Elevations as determined by a licensed surveyor or licensed engineer may be required to verify that the proposed sewage treatment system site meets the location requirements set forth in Table 1.
- (b) If any portion of a proposed system is within two thousand (2000) horizontal feet and twenty (20) vertical feet of a live stream draining an area of twenty-five (25) square miles or more and no official FEMA floodplain delineation or floodplain studies of the stream have been made, the applicant shall be requested to furnish a report delineating the base flood elevation of the 100-year floodplain to the Water Resources Division of the Montana Department of Natural Resources and Conservation. After the Water Resources Division has reviewed and approved the report delineating the floodplain, the applicant shall submit it to the Department.
- (c) The horizontal setback to the 100-year floodplain may be waived in the event that the sewage treatment system drainfield is a minimum of 100 feet from the river, stream or other water body's average yearly high-water mark and the bottom of the drainfield will be at least two feet above the 100 year base flood elevation as determined by methods described above.
- (d) Sewage treatment systems within the 100 year floodplain may be replaced provided all other setback and separation requirements are met. However, if any portion of the applicant's property is located out of the floodplain, the applicant may be required to locate all or a portion of the replacement system in this area.
- (e) Replacements of sewage treatment systems within the 100 year floodplain shall be for only what the system has been serving or the use for which the system was permitted. No increase in use shall be allowed.
- (f) The unpermitted filling of wetlands (e.g., ponds, watercourses, swamps) or the 100 year floodplain for the purpose of attaining the setback requirements set forth in Table 1 is prohibited.

5) The sewage treatment system shall not be located in any swales or depressions where surface runoff may flow or accumulate. Careful consideration must be made to prevent any accumulation of water over the sewage treatment system by properly landscaping to direct drainage away from the system.

6) The Department may require that special design criteria and construction techniques be utilized when septic tanks, pumping chambers and sealed lines are proposed to be located within two (2) feet of the groundwater table, bedrock, impermeable soils, or extremely coarse soils (gravels).

10.3 Groundwater: If groundwater is within seven (7) feet of the natural ground surface or if there is any reason to believe groundwater will be within seven (7) feet of the ground surface at any time of the year, groundwater monitoring holes shall be provided to a depth of at least eight (8) feet in the area of the absorption field to determine the high seasonal groundwater level (see

Section 6 - Denial of Permits).

10.4 Bedrock/Impervious Material - If there is reason to believe that bedrock or other impervious material is within seven (7) feet of the natural ground surface, test holes shall be provided to accurately determine the depth to bedrock or other impervious material.

NOTE: If information is obtained indicating that a four (4) foot separation between the infiltrative surface and high seasonal groundwater, bedrock or other impervious materials cannot be provided in the area of the proposed sewage treatment system, a permit to install a conventional sewage treatment system shall be denied (see Section 6 - Denial of Permits).

10.5 Slope Restrictions - Natural slopes greater than 15% but less than 25 % shall preclude the use of sub-surface sewage treatment systems unless evidence is submitted substantiating that soil and groundwater conditions are such that there will be no visible outflow of liquid downslope from the installation of the sewage treatment system. Such material shall be submitted by an engineer, soils scientist, or geologist.  
Natural slopes greater than 35% will not be considered for sewage treatment system installation.

10.6 Holding Tanks: As defined in 3.22, holding tanks will not be considered where new construction is proposed. Their only use will be for replacement of existing systems where current regulations cannot be met and variances cannot be granted due to the potential adverse impact that a sewage treatment system might have on ground or surface waters and/or the health of any person. The only exception to the above rule shall be where connection of the structure shall be made to a public or municipal system within one year of issuance of a temporary permit (see Section 4.12).

10.7 If it is the finding of the Department that further installation of sewage treatment systems in an area may adversely affect or injure any property, the health or safety of any person, surface or groundwaters, or will conflict with the purposes of these regulations, the Board of Health may restrict, prohibit or impose additional conditions upon the installation of new sewage treatment systems within the affected area.

**SECTION 11– Waste Segregation and Portable Chemical Toilets**

11.1 [Waste segregation](#) toilets such as composting toilets, incinerator toilets and non-portable chemical toilets are acceptable provided design and construction details are supplied to the Department and are found to be acceptable. [Gray water shall be treated the same as black water, Section 9.9 of these regulations.](#)

NOTE: Except as provided for in Sections 11.2 and 11.3 below, non-discharging toilets shall be used as part of a waste segregation system.

11.2 Portable chemical toilets are not subject to permitting requirements of these regulations. Portable toilets may be used for temporary events, construction sites and other locations where permanent wastewater systems are not required. Portable chemical toilets are subject to the same setbacks [to](#) sealed components found in 10.2(2) Table 1. Chemical toilets may not serve as a permanent wastewater system for structures.

11.3 The Department may require a [permitted septic system](#) meeting the requirements of these regulations when a tent, RV, camper or other temporary living unit is placed in one area for 14 or more days outside of a licensed campground or RV park.

## **SECTION 12 - Special Districts**

Within the limits of its authority, the Board of Health may enter into agreements with County Water and Sewer Districts for the purpose of mitigating public health hazards, improving, protecting and preserving water quality.

## **SECTION 13 – Deviations**

13.1 The Health Officer may grant deviations from the requirements of the Regulations and Construction Standards in certain circumstances. Deviations from the Regulation and Construction Standard will only be considered for replacement systems.

13.2 A person desiring a deviation shall make a request in writing to the Department [along with the application and fee](#). The request must identify the specific section of the Regulations or Construction Standards to be considered. Adequate justification for the deviation must be provided. "Engineering judgment" or "professional opinion" without supporting data is considered inadequate justification. The justification must address the following issues:

- A. The system that would be allowed by the deviation would be no [more](#) likely to cause pollution of state waters than a fully-compliant sewage treatment system meeting all the standards.(75-5-605, MCA); and
- B. The granting of the deviation would protect the quality and potability of water for public water supplies and domestic uses and would protect the quality of water for other beneficial uses, including those uses specified in [\(76-4-101, MCA\)](#); and
- C. The granting of the deviation would not adversely affect public health, safety, and welfare.
- D. Setbacks from groundwater and surface water in Table 1 of Section [10.2](#) must be maintained for all absorption systems (non-sealed components). In no circumstance will waivers to setbacks from absorption systems be considered.

13.3 Department staff will review the request for the deviation and forward the request to the Health Officer for final action. The Health Officer may deny the request, or approve the request with or without conditions. The decision of the Health Officer may be appealed to the Board of Health as a variance request.

13.4 The Department shall maintain a file of all deviations.

## **SECTION 14- Variances and Appeals**

14.1 Appeal to the Board of Health: Should a sewage treatment system permit be denied or should any affected person wish to appeal the permit or operation of any part of these regulations, the applicant or appellant may appeal such denial or the affected person may appeal the application or operation of the regulations within thirty (30) days in writing to the Health Officer. The burden of proof shall be placed upon the applicant or appellant to show that the denial of the permit or application or operation of these regulations was contrary to these regulations or based upon incorrect information or incorrect interpretation of information.

(1) The Health Officer shall decide within thirty (30) days whether the denial will be upheld or the appeal granted. Reasons for any decision will be provided to the applicant or appellant in writing.

14.2 Appeal to the Board of Health. Should an appeal to the Health Officer result in a denial of the appeal, the appellant may make an appeal to the Flathead City-County Board of Health. After receiving the appeal, the Board shall allow the appellant to present his/her appeal before the

Board at its next regularly scheduled meeting, provided that such request is received ~~thirty~~(4030) days prior to the scheduled meeting date. At this meeting, the appellant may appear in person, be represented by another person, or may appeal to the Board in writing. The Board shall, within ~~thirty~~fourteen (3045) days after hearing and/or reviewing the appeal, respond to the applicant in writing stating its decision and the reasons ~~therefore~~. The Board's decision shall be determined as final.

14.3 Application for Variance. An application for a variance to these regulations may be made to the Board within sixty (60) days of a denial of an application for a permit. The Health Officer shall receive all applications for variances.

Any person wishing to apply for a variance shall complete an application on forms provided by the Department and shall supply such information to the Flathead County Board of Health or its authorized agent to properly evaluate the proposal. The appropriate fee shall accompany the application.

14.4 The Health Officer shall maintain and be custodian of all records of the Minutes of the Board and findings and decisions of the Board. All records shall be open to the public.

14.5 At least 30 days prior to the date of the hearing on the application for a variance, the Health Officer shall transmit a copy of said application to the members of the Board. The Department shall submit its advisory opinion to the members of the Board prior to the date of hearing.

14.6 Conditions Governing Variances: The Board shall have the authority to grant a variance from a requirement of these regulations unless it clearly conflicts with state or federal law.

1) Before any variance can be granted, the Board shall make written findings of fact based upon evidence produced at the public hearing setting forth and showing that the following exist:

(a) granting the variance will not:

- (i) contaminate any actual or potential drinking water supply;
- (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
- (iii) cause a public health hazard by being accessible to persons or animals;
- (iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;
- (v) Pollute or contaminate state waters, in violation of 75-5-605, MCA;
- (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or
- (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;

(b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;

(c) the variance is necessary to address extraordinary conditions that the applicant could

not reasonably have prevented;

(d) no alternatives that comply with the requirement are reasonably feasible; and

(e) the variance requested is not more than the minimum needed to address the extraordinary conditions.

2) The fact that the property may be used more profitably will not be an element of consideration before the Board.

14.7 In granting any variance, the Board may prescribe conditions and safeguards that insure that the purpose and intent of these regulations shall not be violated. Violation of such conditions and safeguards when made part of the terms under which the variance is granted shall be deemed a violation of these regulations and punishable under Section 15 "Violations, Penalties and Enforcement". The Health Officer shall notify the applicant in writing that the variance was denied or that the specific variance was granted and any conditions and safeguards that were made part of the terms under which the variance was granted. If a sewage treatment system for which a variance permit has been issued has not been installed, inspected and approved by the Department within 12 months, said variance permit shall expire and be void. The applicant may be required to reapply for a variance.

14.8 Decisions of the Flathead City Board of Health may be appealed to the Montana Department of Environmental Quality (75-5-305 MCA, ARM 17.36.924).

#### **SECTION 15- Violations, Penalties and Enforcement**

15.1 General Prohibitions - It shall be a violation of these regulations to:

- 1) Own or operate a malfunctioning sewage treatment system;
- 2) Install or alter a sewage treatment system without a valid permit or written Departmental approval;
- 3) Construct or maintain any dwelling or other occupied structure which is not equipped with adequate facilities for the sanitary disposal of sewage;
- 3) Removed sewage or effluent from a system and disposed of it onto any site which has no prior approval for septage disposal;
- 4) Violate any provision of these regulations.

15.2 Notice of Violation - If the Department discovers there has been a violation of any provision of these regulations or if the requirements of a sewage treatment system have been willfully violated, the Department shall give notice of such violation to the responsible person(s). Such notice shall be in writing and shall specify any violations. The notice shall spell out the required corrective action and provide a reasonable time for correction, considering the severity of the violation and its public health significance. Service of such notice shall be by regular mail and shall be considered complete upon personal service or mailing by the Department. If after the notice has been served, the deficiencies have not been fully corrected to the satisfaction of the Department in the specified time period, the Department shall provide all such information to the County Attorney for appropriate legal action including, but not limited to, action to enjoin the violation.

15.3 Misrepresentation - Any permit or approval granted under these regulations which was based

upon misrepresentation, failure to make a material fact or circumstances known or should have been known by the applicant or his agent, shall be void. Any construction, alteration, repair or use of a sewage treatment system after the permit for said system has been voided shall constitute a violation (see Section 152.2).

- 15.4 Any person who violates any provision of these regulations or any provision of any regulation adopted by the Flathead City-County Board of Health pursuant to the authority granted by this regulation, shall upon conviction be punished by a fine of not less than fifty dollars (\$50) or more than five hundred dollars (\$500) per day of violation. Each day of violation constitutes a separate offense. The first day of violation shall be the date of the notice of violation.

#### **SECTION 16 - Severability and Conflicts**

- 16.1 Conflict of Ordinances, Effect of Partial Invalidity: In any case where a provision of this regulation is found to be in conflict with a provision of any zoning, building, fire, safety or health regulation or code of the State of Montana, Flathead County, or any municipality within Flathead County, existing on the effective date of this regulation, the provision which, in the judgment of the Board, establishes the higher standard for the protection of the health and safety of the people, shall prevail.
- 16.2 If any section, paragraph, sentence, clause or phrase of this regulation should be declared invalid for any reason whatsoever, such invalidity shall not affect the remaining portions of this regulation, which shall remain in full force and effect, and to this end, the provisions of this regulation are hereby declared to be severable.



①

Date	Status	Count	Vent	Intensive Care	Intermediate Care	Standard Room	Vent by Status
1/3/2022	Unvaccinated	9	0	4	2	3	0.0%
	Vaccinated	2	0	0	1	1	0.0%
	Totals	11	0	4	3	4	
1/4/2022	Unvaccinated	9	0	4	2	3	0.0%
	Vaccinated	2	0	1	0	1	0.0%
	Totals	11	0	5	2	4	
1/5/2022	Unvaccinated	11	1	4	2	5	9.1%
	Vaccinated	4	0	1	1	2	0.0%
	Totals	15	1	5	3	7	
1/7/2022	Unvaccinated	12	1	3	3	6	8.3%
	Vaccinated	5	0	1	2	2	0.0%
	Totals	17	1	4	5	8	
1/10/2022	Unvaccinated	17	3	6	4	7	17.6%
	Vaccinated	5	0	0	0	5	0.0%
	Totals	22	3	6	4	12	
1/11/2022	Unvaccinated	19	3	6	4	9	15.8%
	Vaccinated	6	0	0	0	6	0.0%
	Totals	25	3	6	4	15	
1/17/2022	Unvaccinated	20	2	5	8	7	10.0%
	Vaccinated	15	0	2	2	13	0.0%
	Totals	35	2	7	10	20	
1/20/2022	Unvaccinated	20	1	8	8	4	5.0%
	Vaccinated	23	1	1	2	20	4.3%
	Totals	43	2	9	10	24	
1/21/2022	Unvaccinated	24	0	8	3	13	0.0%
	Vaccinated	26	0	1	1	24	0.0%
	Totals	50	0	9	4	37	
1/24/2022	Unvaccinated	29	4	5	3	21	13.8%
	Vaccinated	23	0	1	1	21	0.0%
	Totals	52	4	6	4	42	
1/25/2022	Unvaccinated	27	4	6	3	18	14.8%
	Vaccinated	19	0	2	1	16	0.0%
	Totals	46	4	8	4	34	
1/26/2022	Unvaccinated	21	4	5	3	13	19.0%
	Vaccinated	19	0	2	2	15	0.0%
	Totals	40	4	7	5	28	
1/27/2022	Unvaccinated	25	4	5	3	17	16.0%
	Vaccinated	18	0	1	2	15	0.0%
	Totals	43	4	6	5	32	
1/31/2022	Unvaccinated	21	2	5	3	13	9.5%
	Vaccinated	19	0	1	2	16	0.0%
	Totals	40	2	6	5	29	
2/1/2022	Unvaccinated	19	2	4	3	12	10.5%
	Vaccinated	22	0	1	2	19	0.0%
	Totals	41	2	5	5	31	
2/2/2022	Unvaccinated	17	2	5	3	9	11.8%
	Vaccinated	22	0	1	0	21	0.0%



	Totals	39	2	6	3	30	
2/3/2022	Unvaccinated	15	2	5	3	7	13.3%
	Vaccinated	18	1	1	2	15	5.6%
	Totals	33	3	6	5	22	
2/4/2022	Unvaccinated	15	2	7	1	7	13.3%
	Vaccinated	18	1	1	1	16	5.6%
	Totals	33	3	8	2	23	
2/7/2022	Unvaccinated	21	2	7	1	13	9.5%
	Vaccinated	17	0	1	1	15	0.0%
	Totals	38	2	8	2	28	
2/8/2022	Unvaccinated	18	2	5	1	10	11.1%
	Vaccinated	16	0	1	2	13	0.0%
	Totals	34	2	6	3	23	
2/10/2022	Unvaccinated	21	0	3	2	16	0.0%
	Vaccinated	13	0	0	1	12	0.0%
	Totals	34	0	3	3	28	
2/11/2022	Unvaccinated	22	0	3	2	17	0.0%
	Vaccinated	12	0	0	0	12	0.0%
	Totals	34	0	3	2	29	
2/14/2022	Unvaccinated	23	1	3	2	17	4.3%
	Vaccinated	9	0	0	0	9	0.0%
	Totals	32	1	3	2	26	
2/15/2022	Unvaccinated	22	2	5	3	14	9.1%
	Vaccinated	9	0	0	0	9	0.0%
	Totals	31	2	5	3	23	



Date	Status	Count	Vent	Intensive Care	Intermediate Care	Standard Room	Intensive Care Rate	Intermediate Care Rate	Statndard Room Rate
1/3/2022	Unvaccinated	9	0	4	2	3	44.4%	22.2%	33.3%
	Vaccinated	2	0	0	1	1	0.0%	50.0%	50.0%
	Totals	11	0	4	3	4			
1/4/2022	Unvaccinated	9	0	4	2	3	44.4%	22.2%	33.3%
	Vaccinated	2	0	1	0	1	50.0%	0.0%	50.0%
	Totals	11	0	5	2	4			
1/5/2022	Unvaccinated	11	1	4	2	5	36.4%	18.2%	45.5%
	Vaccinated	4	0	1	1	2	25.0%	25.0%	50.0%
	Totals	15	1	5	3	7			
1/7/2022	Unvaccinated	12	1	3	3	6	25.0%	25.0%	50.0%
	Vaccinated	5	0	1	2	2	20.0%	40.0%	40.0%
	Totals	17	1	4	5	8			
1/10/2022	Unvaccinated	17	3	6	4	7	35.3%	23.5%	41.2%
	Vaccinated	5	0	0	0	5	0.0%	0.0%	100.0%
	Totals	22	3	6	4	12			
1/11/2022	Unvaccinated	19	3	6	4	9	31.6%	21.1%	47.4%
	Vaccinated	6	0	0	0	6	0.0%	0.0%	100.0%
	Totals	25	3	6	4	15			
1/17/2022	Unvaccinated	20	2	5	8	7	25.0%	40.0%	35.0%
	Vaccinated	15	0	2	2	13	13.3%	13.3%	86.7%
	Totals	35	2	7	10	20			
1/20/2022	Unvaccinated	20	1	8	8	4	40.0%	40.0%	20.0%
	Vaccinated	23	1	1	2	20	4.3%	8.7%	87.0%
	Totals	43	2	9	10	24			
1/21/2022	Unvaccinated	24	0	8	3	13	33.3%	12.5%	54.2%
	Vaccinated	26	0	1	1	24	3.8%	3.8%	92.3%
	Totals	50	0	9	4	37			
1/24/2022	Unvaccinated	29	4	5	3	21	17.2%	10.3%	72.4%
	Vaccinated	23	0	1	1	21	4.3%	4.3%	91.3%
	Totals	52	4	6	4	42			
1/25/2022	Unvaccinated	27	4	6	3	18	22.2%	11.1%	66.7%
	Vaccinated	19	0	2	1	16	10.5%	5.3%	84.2%
	Totals	46	4	8	4	34			
1/26/2022	Unvaccinated	21	4	5	3	13	23.8%	14.3%	61.9%
	Vaccinated	19	0	2	2	15	10.5%	10.5%	78.9%



	Totals	40	4	7	5	28			
1/27/2022	Unvaccinated	25	4	5	3	17	20.0%	12.0%	68.0%
	Vaccinated	18	0	1	2	15	5.6%	11.1%	83.3%
	Totals	43	4	6	5	32			
1/31/2022	Unvaccinated	21	2	5	3	13	23.8%	14.3%	61.9%
	Vaccinated	19	0	1	2	16	5.3%	10.5%	84.2%
	Totals	40	2	6	5	29			
2/1/2022	Unvaccinated	19	2	4	3	12	21.1%	15.8%	63.2%
	Vaccinated	22	0	1	2	19	4.5%	9.1%	86.4%
	Totals	41	2	5	5	31			
2/2/2022	Unvaccinated	17	2	5	3	9	29.4%	17.6%	52.9%
	Vaccinated	22	0	1	0	21	4.5%	0.0%	95.5%
	Totals	39	2	6	3	30			
2/3/2022	Unvaccinated	15	2	5	3	7	33.3%	20.0%	46.7%
	Vaccinated	18	1	1	2	15	5.6%	11.1%	83.3%
	Totals	33	3	6	5	22			
2/4/2022	Unvaccinated	15	2	7	1	7	46.7%	6.7%	46.7%
	Vaccinated	18	1	1	1	16	5.6%	5.6%	88.9%
	Totals	33	3	8	2	23			
2/7/2022	Unvaccinated	21	2	7	1	13	33.3%	4.8%	61.9%
	Vaccinated	17	0	1	1	15	5.9%	5.9%	88.2%
	Totals	38	2	8	2	28			
2/8/2022	Unvaccinated	18	2	5	1	10	27.8%	5.6%	55.6%
	Vaccinated	16	0	1	2	13	6.3%	12.5%	81.3%
	Totals	34	2	6	3	23			
2/10/2022	Unvaccinated	21	0	3	2	16	14.3%	9.5%	76.2%
	Vaccinated	13	0	0	1	12	0.0%	7.7%	92.3%
	Totals	34	0	3	3	28			
2/11/2022	Unvaccinated	22	0	3	2	17	13.6%	9.1%	77.3%
	Vaccinated	12	0	0	0	12	0.0%	0.0%	100.0%
	Totals	34	0	3	2	29			
2/14/2022	Unvaccinated	23	1	3	2	17	13.0%	8.7%	73.9%
	Vaccinated	9	0	0	0	9	0.0%	0.0%	100.0%
	Totals	32	1	3	2	26			
2/15/2022	Unvaccinated	22	2	5	3	14	22.7%	13.6%	63.6%
	Vaccinated	9	0	0	0	9	0.0%	0.0%	100.0%
	Totals	31	2	5	3	23			



### 3 level of care-Vaccination Rate

Date	Status	Count	Vent	Intensive Care	Intermediate Care	Standard Room	Vaccination Rate by Status
1/3/2022	Unvaccinated	9	0	4	2	3	81.8%
	Vaccinated	2	0	0	1	1	18.2%
	Totals	11	0	4	3	4	
1/4/2022	Unvaccinated	9	0	4	2	3	81.8%
	Vaccinated	2	0	1	0	1	18.2%
	Totals	11	0	5	2	4	
1/5/2022	Unvaccinated	11	1	4	2	5	73.3%
	Vaccinated	4	0	1	1	2	26.7%
	Totals	15	1	5	3	7	
1/7/2022	Unvaccinated	12	1	3	3	6	70.6%
	Vaccinated	5	0	1	2	2	29.4%
	Totals	17	1	4	5	8	
1/10/2022	Unvaccinated	17	3	6	4	7	77.3%
	Vaccinated	5	0	0	0	5	22.7%
	Totals	22	3	6	4	12	
1/11/2022	Unvaccinated	19	3	6	4	9	76.0%
	Vaccinated	6	0	0	0	6	24.0%
	Totals	25	3	6	4	15	
1/17/2022	Unvaccinated	20	2	5	8	7	57.1%
	Vaccinated	15	0	2	2	13	42.9%
	Totals	35	2	7	10	20	
1/20/2022	Unvaccinated	20	1	8	8	4	46.5%
	Vaccinated	23	1	1	2	20	53.5%
	Totals	43	2	9	10	24	
1/21/2022	Unvaccinated	24	0	8	3	13	48.0%
	Vaccinated	26	0	1	1	24	52.0%
	Totals	50	0	9	4	37	
1/24/2022	Unvaccinated	29	4	5	3	21	55.8%
	Vaccinated	23	0	1	1	21	44.2%
	Totals	52	4	6	4	42	
1/25/2022	Unvaccinated	27	4	6	3	18	58.7%
	Vaccinated	19	0	2	1	16	41.3%
	Totals	46	4	8	4	34	
1/26/2022	Unvaccinated	21	4	5	3	13	52.5%
	Vaccinated	19	0	2	2	15	47.5%
	Totals	40	4	7	5	28	
1/27/2022	Unvaccinated	25	4	5	3	17	58.1%
	Vaccinated	18	0	1	2	15	41.9%
	Totals	43	4	6	5	32	
1/31/2022	Unvaccinated	21	2	5	3	13	52.5%
	Vaccinated	19	0	1	2	16	47.5%
	Totals	40	2	6	5	29	
2/1/2022	Unvaccinated	19	2	4	3	12	46.3%
	Vaccinated	22	0	1	2	19	53.7%
	Totals	41	2	5	5	31	
2/2/2022	Unvaccinated	17	2	5	3	9	43.6%
	Vaccinated	22	0	1	0	21	56.4%
	Totals	39	2	6	3	30	
2/3/2022	Unvaccinated	15	2	5	3	7	45.5%
	Vaccinated	18	1	1	2	15	54.5%



	Totals	33	3	6	5	22	
2/4/2022	Unvaccinated	15	2	7	1	7	45.5%
	Vaccinated	18	1	1	1	16	54.5%
	Totals	33	3	8	2	23	
2/7/2022	Unvaccinated	21	2	7	1	13	55.3%
	Vaccinated	17	0	1	1	15	44.7%
	Totals	38	2	8	2	28	
2/8/2022	Unvaccinated	18	2	5	1	10	52.9%
	Vaccinated	16	0	1	2	13	47.1%
	Totals	34	2	6	3	23	
2/10/2022	Unvaccinated	21	0	3	2	16	61.8%
	Vaccinated	13	0	0	1	12	38.2%
	Totals	34	0	3	3	28	
2/11/2022	Unvaccinated	22	0	3	2	17	64.7%
	Vaccinated	12	0	0	0	12	35.3%
	Totals	34	0	3	2	29	
2/14/2022	Unvaccinated	23	1	3	2	17	71.9%
	Vaccinated	9	0	0	0	9	28.1%
	Totals	32	1	3	2	26	
2/15/2022	Unvaccinated	22	2	5	3	14	71.0%
	Vaccinated	9	0	0	0	9	29.0%
	Totals	31	2	5	3	23	

④ Level of care graphed

Date	Status	Count	Vent	Intensive Care	Intermediate Care	Combined Intensive and Intermediate Care	Rate of Combined Int/Interm Care	Standard Room
1/3/2022	Unvaccinated	9	0	4	2	6	66.7%	3
	Vaccinated	2	0	0	1	1	50.0%	1
1/4/2022	Unvaccinated	9	0	4	2	6	66.7%	3
	Vaccinated	2	0	1	0	1	50.0%	1
1/5/2022	Unvaccinated	11	1	4	2	6	54.5%	5
	Vaccinated	4	0	1	1	2	50.0%	2
1/7/2022	Unvaccinated	12	1	3	3	6	50.0%	6
	Vaccinated	5	0	1	2	3	60.0%	2
1/10/2022	Unvaccinated	17	3	6	4	10	58.8%	7
	Vaccinated	5	0	0	0	0	0.0%	5
1/11/2022	Unvaccinated	19	3	6	4	10	52.6%	9
	Vaccinated	6	0	0	0	0	0.0%	6
1/17/2022	Unvaccinated	20	2	5	8	13	65.0%	7
	Vaccinated	15	0	2	2	4	26.7%	13
1/20/2022	Unvaccinated	20	1	8	8	16	80.0%	4
	Vaccinated	23	1	1	2	3	13.0%	20
1/21/2022	Unvaccinated	24	0	8	3	11	45.8%	13
	Vaccinated	26	0	1	1	2	7.7%	24
1/24/2022	Unvaccinated	29	4	5	3	8	27.6%	21
	Vaccinated	23	0	1	1	2	8.7%	21
1/25/2022	Unvaccinated	27	4	6	3	9	33.3%	18
	Vaccinated	19	0	2	1	3	15.8%	16
1/26/2022	Unvaccinated	21	4	5	3	8	38.1%	13
	Vaccinated	19	0	2	2	4	21.1%	15
1/27/2022	Unvaccinated	25	4	5	3	8	32.0%	17
	Vaccinated	18	0	1	2	3	16.7%	15
1/31/2022	Unvaccinated	21	2	5	3	8	38.1%	13
	Vaccinated	19	0	1	2	3	15.8%	16
2/1/2022	Unvaccinated	19	2	4	3	7	36.8%	12
	Vaccinated	22	0	1	2	3	13.6%	19
2/2/2022	Unvaccinated	17	2	5	3	8	47.1%	9
	Vaccinated	22	0	1	0	1	4.5%	21



2/3/2022	Unvaccinated	15	2	5	3	8	53.3%	7
	Vaccinated	18	1	1	2	3	16.7%	15
2/4/2022	Unvaccinated	15	2	7	1	8	53.3%	7
	Vaccinated	18	1	1	1	2	11.1%	16
2/7/2022	Unvaccinated	21	2	7	1	8	38.1%	13
	Vaccinated	17	0	1	1	2	11.8%	15
2/8/2022	Unvaccinated	18	2	5	1	6	33.3%	10
	Vaccinated	16	0	1	2	3	18.8%	13
2/10/2022	Unvaccinated	21	0	3	2	5	23.8%	16
	Vaccinated	13	0	0	1	1	7.7%	12
2/11/2022	Unvaccinated	22	0	3	2	5	22.7%	17
	Vaccinated	12	0	0	0	0	0.0%	12
2/14/2022	Unvaccinated	23	1	3	2	5	21.7%	17
	Vaccinated	9	0	0	0	0	0.0%	9
2/15/2022	Unvaccinated	22	2	5	3	8	36.4%	14
	Vaccinated	9	0	0	0	0	0.0%	9

Date	Unvaccinated	Vaccinated
1/3/2022	66.7%	50.0%
1/4/2022	66.7%	60.0%
1/5/2022	54.5%	50.0%
1/7/2022	50.0%	60.0%
1/10/2022	58.8%	0.0%
1/11/2022	52.6%	0.0%
1/17/2022	65.0%	26.7%
1/20/2022	80.0%	13.0%
1/21/2022	45.8%	7.7%
1/24/2022	27.6%	8.7%
1/25/2022	33.3%	15.8%
1/26/2022	38.1%	21.1%
1/27/2022	32.0%	16.7%
1/31/2022	38.1%	15.8%
2/1/2022	36.8%	13.6%
2/2/2022	47.1%	4.5%
2/3/2022	53.3%	16.7%
2/4/2022	53.3%	11.1%
2/7/2022	38.1%	11.8%
2/8/2022	33.3%	18.8%
2/10/2022	23.8%	7.7%
2/11/2022	22.7%	0.0%
2/14/2022	21.7%	0.0%
2/15/2022	36.4%	0.0%

Level of Care Vaccinated-Unvaccinated  
Rate of Intensive and Intermediate Level of Care Combined

90.0%





# ⑤ Hosp Data by Date

Date	Status	Count	Vent	Intensive Care	Intermediate Care	Standard Room
1/3/2022	Unvaccinated	9	0	4	2	3
	Vaccinated	2	0	0	1	1
	Totals	11	0	4	3	4
1/4/2022	Unvaccinated	9	0	4	2	3
	Vaccinated	2	0	1	0	1
	Totals	11	0	5	2	4
1/5/2022	Unvaccinated	11	1	4	2	5
	Vaccinated	4	0	1	1	2
	Totals	15	1	5	3	7
1/7/2022	Unvaccinated	12	1	3	3	6
	Vaccinated	5	0	1	2	2
	Totals	17	1	4	5	8
1/10/2022	Unvaccinated	17	3	6	4	7
	Vaccinated	5	0	0	0	5
	Totals	22	3	6	4	12
1/11/2022	Unvaccinated	19	3	6	4	9
	Vaccinated	6	0	0	0	6
	Totals	25	3	6	4	15
1/17/2022	Unvaccinated	20	2	5	8	7
	Vaccinated	15	0	2	2	13
	Totals	35	2	7	10	20
1/20/2022	Unvaccinated	20	1	8	8	4
	Vaccinated	23	1	1	2	20
	Totals	43	2	9	10	24
1/21/2022	Unvaccinated	24	0	8	3	13
	Vaccinated	26	0	1	1	24
	Totals	50	0	9	4	37
1/24/2022	Unvaccinated	29	4	5	3	21
	Vaccinated	23	0	1	1	21
	Totals	52	4	6	4	42
1/25/2022	Unvaccinated	27	4	6	3	18
	Vaccinated	19	0	2	1	16
	Totals	46	4	8	4	34
1/26/2022	Unvaccinated	21	4	5	3	13
	Vaccinated	19	0	2	2	15
	Totals	40	4	7	5	28
1/27/2022	Unvaccinated	25	4	5	3	17
	Vaccinated	18	0	1	2	15
	Totals	43	4	6	5	32
1/31/2022	Unvaccinated	21	2	5	3	13
	Vaccinated	19	0	1	2	16
	Totals	40	2	6	5	29
2/1/2022	Unvaccinated	19	2	4	3	12
	Vaccinated	22	0	1	2	19
	Totals	41	2	5	5	31
2/2/2022	Unvaccinated	17	2	5	3	9
	Vaccinated	22	0	1	0	21

	Totals	39	2	6	3	30
2/3/2022	Unvaccinated	15	2	5	3	7
	Vaccinated	18	1	1	2	15
	Totals	33	3	6	5	22
2/4/2022	Unvaccinated	15	2	7	1	7
	Vaccinated	18	1	1	1	16
	Totals	33	3	8	2	23
2/7/2022	Unvaccinated	21	2	7	1	13
	Vaccinated	17	0	1	1	15
	Totals	38	2	8	2	28
2/8/2022	Unvaccinated	18	2	5	1	10
	Vaccinated	16	0	1	2	13
	Totals	34	2	6	3	23
2/10/2022	Unvaccinated	21	0	3	2	16
	Vaccinated	13	0	0	1	12
	Totals	34	0	3	3	28
2/11/2022	Unvaccinated	22	0	3	2	17
	Vaccinated	12	0	0	0	12
	Totals	34	0	3	2	29
2/14/2022	Unvaccinated	23	1	3	2	17
	Vaccinated	9	0	0	0	9
	Totals	32	1	3	2	26
2/15/2022	Unvaccinated	22	2	5	3	14
	Vaccinated	9	0	0	0	9
	Totals	31	2	5	3	23

Flathead City-County Health  
 Department : Environmental  
 Health Services for Jan. 2022

	Jan-22	12 Month Running Average	12 Month Running Total	Dec-21	Nov-21	Oct-21	Sept-21	Aug-21	July-21	June-21	May-21	Apr-21	Mar-21	Feb-21
<b>Food and Consumer Safety</b>														
Food Service Inspections	77	120.0	1440	107	144	132	136	113	149	130	151	139	153	116
Trailer Courts/R V Parks	0	9.4	113	1	0	0	6	31	25	31	20	0		0
Motels/Public Accomodations	30	35.3	424	22	27	38	28	33	41	80	69	31	33	14
Pools/Spas	16	14.9	179	12	6	26	21	10	29	25	6	9	24	7
Daycares/Group Homes	2	2.3	28	1	2	1	2	11	3	1	2	1	1	2
Plan Review	37	43.7	524	28	36	30	47	31	51	87	64	73	44	24
School Faciltiy Inspections	0	0.7	8	0	0	0	0	0	0	0	0	0	8	0
Misc FCSS Complaints	1	1.5	18	1	1	1	0	5	4	2	1	1	2	0

**Septic System Activity**

Applications received	53	78.5	942	51	51	77	66	89	94	87	107	146	101	71
Permit Issued (sold)	25	57.9	695	44	59	77	83	102	72	80	79	49	45	24
Site Evaluations - OS	28	37.6	451	36	31	48	53	47	39	50	46	66	29	14
Site Reviews- SR	23	36.1	433	19	23	34	33	40	53	51	56	52	47	21
Septic Systems Inspected- Final	15	50.3	603	40	71	80	94	65	82	51	64	42	21	18

**Subdivision Activity**

Applications Received Contract	20	17.6	211	36	12	17	17	18	21	22	26	24	18	16
Applications Received N/C	2	2.9	35	4	1	8	7	2	1	1	1	5	1	6
Applications Reviewed (FC)	6	2.6	31	2	4	0	1	1	0	0	7	0	12	0
All lots approved (DEQ & FC)	17	28.3	339	13	34	22	29	62	21	45	12	16	13	68
Site visits completed	5	14.8	178	11	10	18	13	16	22	31	19	27	14	3



**Flathead City-County Environmental Health Services**  
*Monthly Food Purveyors Inspection Report*

		<b>70 Inspections</b>		<b>January-22</b>			
<b>Establishment</b>	<b>Facility</b>	<b>City</b>	<b>License</b>	<b>Date</b>	<b>Purpose</b>	<b>Grade</b>	<b>Inspector</b>
Yellowstone Christian College	Food Service	Kalispell	FL318770 - 1	3-Jan-2022	Routine	N/A	Jossolyn Becker
Hights Convenience LLC, The	Food Store	Columbia Falls	FS85795 - 9	3-Jan-2022	Routine	B	Darin Woepfel
Magic Diamond of C. Falls	Bar	Columbia Falls	FL10768 - 2	3-Jan-2022	Routine	A-	Darin Woepfel
Glacier Gold Casino	Bar	Columbia Falls	FS45527 - 2	3-Jan-2022	Routine	A-	Darin Woepfel
Jumpin Java	Mobile (Van)	Kila	F312390 - 7	4-Jan-2022	Routine	A+	Danielle Peirce
Ed and Mully's	Food Service	Big Mountain	FL40119 - 1	4-Jan-2022	Routine	A+	Danielle Peirce
Ed and Mully's	Bar	Big Mountain	FL40119 - 2	4-Jan-2022	Routine	A+	Danielle Peirce
El Cafecito	Food Service	Kalispell	FS317102 - 1	4-Jan-2022	Routine	B+	Jesse M Green
Coffee Time	Food Service	Kalispell	FS16054 - 1	4-Jan-2022	Routine	A+	Jesse M Green
Franz Bakery	Store	Kalispell	FL305572 - 9	4-Jan-2022	Routine	A+	Jesse M Green
Camo Coffee LLC	Food Service	Kalispell	FS301040 - 1	4-Jan-2022	Routine	A+	Jesse M Green
Withey's Health Foods	Store	Kalispell	FS0248 - 9	4-Jan-2022	Routine	A-	Jossolyn Becker
Safeway C-Store Fuel Station	Store	Whitefish	FS300536 - 9	4-Jan-2022	Routine	A+	Darin Woepfel
Village Market	Store	Big Mountain	FL81888 - 9	4-Jan-2022	Routine	A+	Darin Woepfel
La Casita Kalispell	Food Service	Kalispell		5-Jan-2022	Pre-Operational	N/A	Darin Woepfel
Harbor Grille	Food Service	Lakeside	FL314934 - 1	6-Jan-2022	Follow-Up	A	Jossolyn Becker
Qdoba Mexican Grill #2216	Food Service	Kalispell	FL305144 - 1	7-Jan-2022	Routine	C-	Danielle Peirce
Base Lodge	Bar	Big Mountain	FL43864 - 2	10-Jan-2022	Routine	A+	Danielle Peirce
Base Lodge	Food Service	Big Mountain	FL43864 - 1	10-Jan-2022	Routine	A+	Danielle Peirce
Lodge Boat Club	Food Service	Whitefish	FL45449 - 1	12-Jan-2022	Routine	A+	Jossolyn Becker
Lodge Boat Club	Bar	Whitefish	FL45449 - 2	12-Jan-2022	Routine	A-	Jossolyn Becker
Lodge Boat Club	Coffee Dock	Whitefish	FL45449 - 1c	12-Jan-2022	Routine	A+	Jossolyn Becker
Pettyjohn's The Water Store Inc.	Beverage Mfg	Kalispell	FM9231 - 16	12-Jan-2022	Routine	A+	Danielle Peirce
Black Angus Casino	Bar	Kalispell	FS44937 - 2	12-Jan-2022	Routine	A	Jesse M Green
Flathead Food Bank	Store	Kalispell	NP - 0012	12-Jan-2022	Routine	A+	Jesse M Green
Big Freeze, The	Warehouse	Kalispell	FM318711	12-Jan-2022	Routine	A+	Jesse M Green
Norms News	Food Service	Kalispell	FS11894 - 1	13-Jan-2022	Routine	A+	Danielle Peirce
Taqueria El Bronco	Mobile	Kalispell		13-Jan-2022	Pre-Operational	N/A	Jossolyn Becker
Grateful Bread	Food Service	Bigfork	FL303493 - 1	13-Jan-2022	Routine	A-	Jesse M Green
Qdoba Mexican Grill #2216	Food Service	Kalispell	FL305144 - 1	13-Jan-2022	Follow-Up	A+	Danielle Peirce
Flathead County Detention Center	Food Service	Kalispell	FL315639 - 1	14-Jan-2022	Routine	A	Jesse M Green
Town Pump of Kalispell #3	Food Service	Kalispell	FL80249 - 1	14-Jan-2022	Routine	A+	Jossolyn Becker
Town Pump of Kalispell #3	Store	Kalispell	FL80249 - 9	14-Jan-2022	Routine	A+	Jossolyn Becker
Zip Trip #39	Store	Kalispell	FS80952 - 9	14-Jan-2022	Routine	A+	Jossolyn Becker
Town Pump of Kalispell #1	Food Service	Kalispell	FL9090 - 1	14-Jan-2022	Routine	B+	Jossolyn Becker
Town Pump of Kalispell #1	Store	Kalispell	FL9090 - 9	14-Jan-2022	Routine	A+	Jossolyn Becker
Bierstube, The	Food Service	Big Mountain	FL15832 - 1	14-Jan-2022	Routine	A+	Danielle Peirce

**2/3/2022**

**Page 1 of 2**



# Flathead City-County Environmental Health Services

## Monthly Food Purveyors Inspection Report

Establishment	Facility	City	License	Date	Purpose	Grade	Inspector
Bierstube, The	Bar	Big Mountain	FL15832 - 2	14-Jan-2022	Routine	A	Danielle Peirce
Cowgirl Coffee (Baker Ave)	Food Service	Whitefish	FS301149 - 1	14-Jan-2022	Routine	A	Danielle Peirce
Dollar Tree # 6015	Store	Whitefish	FL309989 - 9	14-Jan-2022	Routine	A+	Danielle Peirce
Farm to Market Pork (KAL)	Meat Market	Kalispell	FL7880 - 3	14-Jan-2022	Routine	A+	Jesse M Green
Safeway Store #2106	Meat Market	Whitefish	FL0794 - 3	18-Jan-2022	Routine	A	Darin Woeppel
Safeway Store #2106	Bakery	Whitefish	FL0794 - 4	18-Jan-2022	Routine	A+	Darin Woeppel
Safeway Store #2106	Deli	Whitefish	FL0794 - 11	18-Jan-2022	Routine	A	Darin Woeppel
Safeway Store #2106	Starbucks	Whitefish	FL0794 - 1a	18-Jan-2022	Routine	A+	Darin Woeppel
Frank's Westside Gas & Grocery	Store	Whitefish	FL5219 - 9	18-Jan-2022	Routine	A+	Danielle Peirce
Copper Mountain Coffee #12	Food Service	Whitefish	FS315723 - 1	18-Jan-2022	Routine	A	Danielle Peirce
Frank's Westside Gas & Grocery	Food Service	Whitefish	FL5219 - 1	18-Jan-2022	Routine	A-	Danielle Peirce
Piggyback BBQ LLC	Food Service	Whitefish	FL45506 - 1	18-Jan-2022	Routine	A	Josselyn Becker
Frito-Lay Inc.	Warehouse	Columbia Falls	FM15834 - 21	19-Jan-2022	Routine	A+	Jesse M Green
West Glacier School Dis #8	Food Service	West Glacier	FS19312 - 1	19-Jan-2022	Routine	A+	Jesse M Green
MOD Pizza	Food Service	Kalispell	FL313896 - 1	20-Jan-2022	Routine	A+	Danielle Peirce
Old Bridge Pub Inc.	Food Service	Bigfork	FL313299 - 1	20-Jan-2022	Routine	A+	Darin Woeppel
ShowThyme Act II	Food Service	Bigfork	FL313952 - 1	20-Jan-2022	Routine	A	Darin Woeppel
Oro Y Plata	Food Service	Bigfork	FL314710 - 1	20-Jan-2022	Routine	A+	Darin Woeppel
Bulldog Saloon	Food Service	Whitefish	FL1848 - 1	21-Jan-2022	Routine	A	Danielle Peirce
Bulldog Saloon	Bar	Whitefish	FL1848 - 2	21-Jan-2022	Routine	A+	Danielle Peirce
Jo Mama's Coffee	Food Service	Kalispell	FS44305 - 1	24-Jan-2022	Routine	A+	Darin Woeppel
Town Pump of Whitefish 2	Deli	Whitefish	FL85295-1	25-Jan-2022	Routine	A-	Darin Woeppel
Town Pump of Whitefish 2	Retail Store	Whitefish	FL85295-9	25-Jan-2022	Routine	A	Darin Woeppel
Kalispell Moose Lodge #1922	Food Service	Kalispell	FS1780 - 1	26-Jan-2022	Routine	N/A	Darin Woeppel
Kalispell Moose Lodge #1922	Bar	Kalispell	FS1780 - 2	26-Jan-2022	Routine	A-	Darin Woeppel
Black Gold Espresso	Mobile (Van)	Kalispell	FS45474 - 7	29-Jan-2022	Routine	A+	Darin Woeppel
S & M Tacos	Mobile (Trailer)	Kalispell	FS312473	29-Jan-2022	Routine	A	Darin Woeppel
Absolute KnucklHed BBQ	Mobile	Kalispell	FS314680 - 7	29-Jan-2022	Routine	A+	Darin Woeppel
Corndog House, The	Mobile (trailer)	Bigfork	FS318507	29-Jan-2022	Routine	A+	Darin Woeppel
Kobe Steakhouse & Sushi LLC	Food Service	Kalispell	FL313144 - 1	31-Jan-2022	Routine	A-	Darin Woeppel
Lucky Lil's Casino	Bar	Kalispell	FL310641 - 2	31-Jan-2022	Routine	A-	Darin Woeppel
Alley Connection	Food Service	Kalispell	FL317529 - 1	31-Jan-2022	Routine	A-	Jesse M Green
4B's Restaurant #366	Food Service	Kalispell	FL313338 - 1	31-Jan-2022	Routine	A	Jesse M Green

**Flathead City-County Environmental Health Services**  
*Monthly High Risk Population Food Purveyors Inspection Report*

<b>Establishment</b>	<b>7 Inspections</b>		<b>January-22</b>		<b>Purpose</b>	<b>Grade</b>	<b>Inspector</b>
	<b>Facility</b>	<b>City</b>	<b>License</b>	<b>Date</b>			
Evergreen School	Food Service	Kalispell	FL15964 - 1	12-Jan-2022	Routine	A+	Jesse M Green
Edgerton School Lunch Program	Food Service	Kalispell	FL16015 - 1	13-Jan-2022	Routine	A+	Jesse M Green
Flathead County AOA Kitchen	Food Service	Kalispell	NP - 0013	13-Jan-2022	Routine	A+	Jesse M Green
Cornelius Hedges School Lunch	Food Service	Kalispell	FS16029 - 1	14-Jan-2022	Routine	A+	Jesse M Green
Peterson School Lunch	Food Service	Kalispell	FS16027 - 1	18-Jan-2022	Routine	A+	Danielle Peirce
Helena Flats School	Food Service	Kalispell	FS44776 - 1	24-Jan-2022	Routine	A	Darin Woeppel
Whitefish High School	Food Service	Whitefish	FL16037 - 1	28-Jan-2022	Routine	A+	Darin Woeppel

## Summary of Low Grades (C+ or Lower) for January 2022

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### Establishment – Qdoba Mexican Grill (Kalispell)

**Inspection Date:** January 7, 2022

**Inspection Type:** Routine

**Grade:** C-

**Follow-Up Date:** January 13, 2022

**Grade:** A+

**Enforcement Action:** Follow Up Inspection

#### **Inspection Deficiencies & Details:**

Handwashing not done when required.

#### **PRIORITY**

##### **RISK FACTOR / INTERVENTION**

**Recommended Resolution** - Food employees shall properly clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles. Must be corrected within 3 days.

**Observations and Corrective Actions** - Observed employee at front counter handle money and to go items than put on gloves without washing hands to assemble a burrito.

(A) Inadequate hot holding of PHF/TCS food.

#### **PRIORITY**

##### **RISK FACTOR / INTERVENTION**

**Recommended Resolution** - Except for roasts, which can be held at 130°F after cooking, potentially hazardous/time-temperature control for safety food that is being held hot must be held at 135°F or above. This deficiency must be corrected within a maximum of 3 days

**Observations and Corrective Actions** - Steak in hot case and in steam table below 135 degrees.

(A & B) Cold time/temperature control for safety food not adequately temperature controlled.

#### **PRIORITY**

##### **RISK FACTOR / INTERVENTION**

**Recommended Resolution** - Except for raw shell eggs, which can be held at 45°F, potentially hazardous/time-temperature control for safety food that is being held cold must be held at 41°F or lower. This deficiency must be corrected within a maximum of 3 days

**Observations and Corrective Actions** - Salad Cooler on line was at 70 degrees. Discarded cut lettuce.

(All) Sanitizer wiping cloth bucket not readily available during operation OR made at a weak concentration. (A-E) TCS foods not thawed by approved methods.

#### **PRIORITY**

**Corrected on site**

##### **RISK FACTOR / INTERVENTION**

**Recommended Resolution** - Sanitizer at an effective concentration for sanitizing equipment in place and for wiping up food spills must be available at all times of operation. This deficiency must be corrected within a maximum of 3 days.

**Observations and Corrective Actions** - Sanitizer bucket at start of inspection was at 0 ppm. COS: Remade buckets; QUAT tested at ~100 (ppm)

## Graded inspections

	<u>2021</u>	<u>2019</u>
A+	751	767
A	270	229
A-	181	167
B+	76	63
B	34	36
B-	17	11
C+	23	6
C-	10	4
D+	2	3
D	1	0
D-	0	0
N/A	207	153
<u>Total</u>		
	1573	1440



# Community Health Board of Health Report January 2022

Immunizations															
	Jan-22	12 Mo. Running Avg.	12 Mo. Running Total	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Total Visits	121	251	3,011	149	192	1615	191	263	139	126	110	59	48	54	65
Other Immunizations	129	181	2,175	133	248	138	297	430	194	186	170	109	79	86	105
Influenza	42	155	1,856	77	111	1556	81	0	0	2	2	5	0	10	12
Blood Draws	8	13	155	8	4	6	14	10	13	15	11	12	47	7	8
WIC (Womens, Infants, Children Supplemental Nutrition Program)															
	Jan-22	12 Month Running Avg.		Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Kalispell	999	1002		1000	1016	1002	1007	995	1010	1003	1000	971	994	1008	1021
Online WIC Smarts	25	16		32	15	14	18	9	11	22	4	25	12	16	12
Total	1024	1018		1032	1031	1016	1025	1004	1021	1025	1004	996	1006	1024	1033
Healthy Montana Families (Home Visiting)															
	Jan-22	12 Month Running Avg.		Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
PAT	85%	92%		87%	94%	100%	78%	82%	92%	98%	99%	100%	99%	94%	83%
MAP	20%	19%		13%	13%	0%	23%	23%	23%	23%	23%	23%	23%	23%	23%
Healthy Montana Families Incoming Referrals															
	Jan-22	12 Month Running Avg.		Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Referrals	10	15		7	7	7	23	7	11	11	14	19	37	21	11
Enrollments	0	3		0	2	0	3	1	0	2	6	4	3	6	3
Agencies	3	4		2	2	2	6	3	4	5	3	5	4	6	5
Agency Outreach Performed	3	3		3	2	2	2	2	6	3	5	3	6	6	1

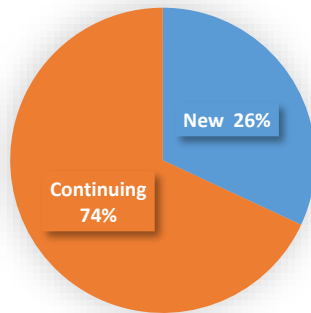
# Flathead Family Planning

## Board of Health Report - January 2021

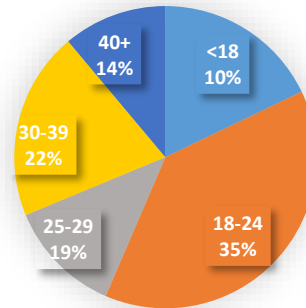
### Family Planning Patient Visits

	12 Mo. Total	12 Mo. Running Avg.	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Total	2112	176	250	186	196	122	169	190	161	162	115	157	227	177	245

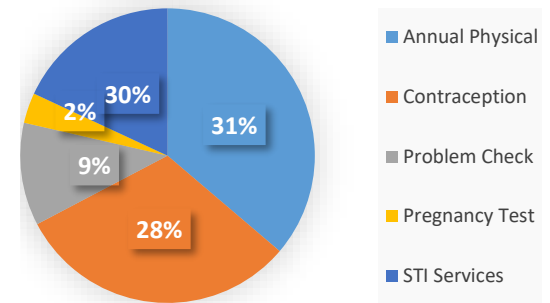
### New and Continuing Patients



### Visits by Age



### Reason for Visit



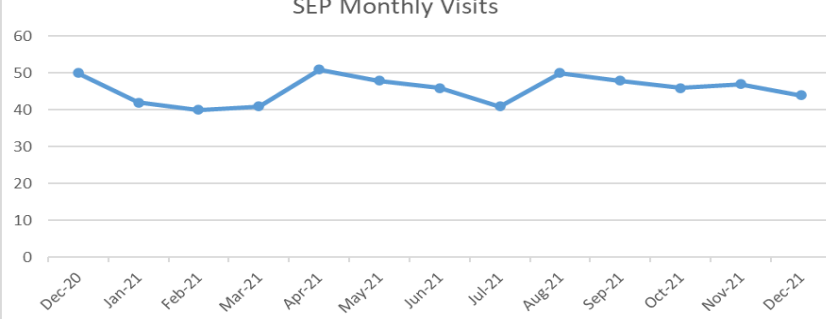
### Individuals Reached Through Family Planning Community Presentations and Classes

	12 Mo. Total	12 Mo. Running Avg.	Jan-22	Dec-21	Nov-22	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Total	2152	179	774	55	40	2	169	0	8	37	516	196	355	0	854

### Syringe Exchange Collection and Distribution

	12 Mo. Total	12 Mo. Running Avg.	Jan-22	Dec-21	Nov-21	Oct. 21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Syringes Collected	53232	4436	4081	4705	4251	3970	2840	3875	2255	5640	6721	6042	5980	2872	5510
Syringes Distributed	110380	9198	7570	10660	8810	9030	10580	9610	8700	9700	8900	9775	9815	7230	7500

### SEP Monthly Visits





## **Flathead City-County Health Department**

1035 First Ave. West Kalispell, MT 59901  
(406) 751-8101 FAX 751-8102  
[www.flatheadhealth.org](http://www.flatheadhealth.org)

Community Health Services  
751-8110 FAX 751-8111  
Environmental Health Services  
751-8130 FAX 751-8131  
Family Planning Services  
751-8150 FAX 751-8151  
Home Health Services  
751-6800 FAX 751-6807  
WIC Services  
751-8170 FAX 751-8171  
Animal Shelter  
752-1310 FAX 752-1546

### **Finance Report**

Date: 2/7/2022  
To: Board of Health Members  
From: Kirk Zander  
Re: Finance Update

The following update covers the period from January 1 to January 31, 2022.

#### **General Health Fund (Page 1 - 2)**

The preliminary cash balance at the end of January is just over \$1.4 million compared to approximately the same amount last year at this time. Immunization Clinic revenues are down 27% from the previous year and expenses also down, 17%. Accounts receivable balance at end of January is \$110K, increasing from \$105K in December. Environmental Health revenues are up over 10% from last year and expenses remain under budget.

#### **Capital Improvement (Page 3)**

Health Fund purchased two trucks and transferred remaining Greater Valley Health Center CIP contributions to the clinic.

#### **Home Health (Page 4)**

Home Health January cash balance is a negative \$134K. This represents a cash balance decrease of approximately \$82K since end of December. AR balance at the end of January is \$343k, up \$39K from \$304k the previous month. Total cash and net account receivable balance is \$157K, after allowance for doubtful accounts estimate. This is \$49k lower than the previous month.

#### **Program dashboards (Pages 5 - 10)**

No Updates.

Kirk Zander

**Flathead County Health Department**  
**General Health Fund Budget FY22**  
**Year to Date Summary, January 31, 2022**  
**Total Budget vs. YTD Actual, Cash Basis, Adjusted\***

	General Health Fund Budget		
	Budget FY22	Actual YTD	Variance YTD
<b>Revenue</b>			
Tax Revenue	1,825,752	990,193	(835,559)
Fee & Other Revenue	1,385,416	1,106,563	(278,853)
Transfers In	4,000	4,000	-
	<u>3,215,168</u>	<u>2,100,756</u>	<u>(1,114,412)</u>
<b>Expenditures</b>			
Salary	1,592,265	716,551	875,714
Benefits	633,585	283,924	349,661
Supplies	454,400	213,259	241,141
Contracted Services	399,951	407,233	(7,282)
Transfers Out	14,677	8,000	6,677
Transfers Out - Capital	75,000	-	75,000
Capital Outlay	-	-	-
	<u>3,169,878</u>	<u>1,666,467</u>	<u>1,540,911</u>
<b>Net Increase/(Decrease)</b>	<u>45,290</u>	<u>434,289</u>	<u>426,499</u>
<b>Cash Recon</b>			
*Beginning Cash, July 1, 2021	1,051,149		
Change in Cash, YTD	434,289		
Ending Cash, January 31, 2022	<u>1,485,438</u>		



Flathead County Health Department  
General Health Fund Budget FY22  
Department Detail, Cash Basis, Adjusted\*  
YTD Budget vs. YTD Actual, January 31, 2022

	Summary All Departments			Administration			Immunization/CD			Environmental Health			Facilities/Sharps		
	Budget YTD	Actual YTD	Variance YTD	Budget YTD	Actual YTD	Variance YTD	Budget YTD	Actual YTD	Variance YTD	Budget YTD	Actual YTD	Variance YTD	Budget YTD	Actual YTD	Variance YTD
<b>Revenue</b>															
Tax Revenue	1,065,022	990,193	(74,829)	1,065,022	990,193	(74,829)									
Fee & Other Revenue	808,159	1,106,563	298,404	179,318	501,355	322,037	264,343	170,934	(93,409)	364,498	434,274	69,776			
Transfers In	2,333	4,000	1,667		-	-							2,333	4,000	1,667
	1,875,515	2,100,756	225,241	1,244,340	1,491,548	247,208	264,343	170,934	(93,409)	364,498	434,274	69,776	2,333	4,000	1,667
<b>Expenditures</b>															
Salary	928,821	716,551	212,270	253,905	215,557	38,348	235,806	97,410	138,396	404,720	372,271	32,449	34,391	31,313	3,078
Benefits	369,591	283,924	85,667	78,074	61,045	17,029	96,378	38,545	57,833	174,220	164,713	9,507	20,920	19,621	1,299
Supplies	265,067	213,259	51,808	39,871	27,975	11,896	210,554	172,730	37,824	9,975	12,555	(2,580)	4,667	-	4,667
Contracted Services	233,305	407,233	(173,928)	137,693	338,723	(201,030)	56,589	25,861	30,728	38,731	42,527	(3,796)	292	122	170
Transfers Out	8,562	8,000	562	3,691	8,000	(4,309)	3,733	-	3,733	1,137	-	1,137	-	-	-
Transfers Out - Capital	43,750	37,500	6,250	43,750	37,500	6,250	-	-	-	-	-	-	-	-	-
Capital Outlay	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,849,096	1,666,467	182,629	556,984	688,800	(131,816)	603,060	334,546	268,514	628,782	592,066	36,716	60,269	51,056	9,213
<b>Net Increase/(Decrease)</b>	26,419	434,289	407,870	687,356	802,748	115,392	(338,717)	(163,612)	175,105	(264,284)	(157,792)	106,492	(57,936)	(47,056)	10,880
				YTD Tax Rev Collected Through Jan			IZ/CD Revenue under budget and down from last year at this time by 27%			EH Revenue up over budget and over last year at this time by 10%					
				Exp over budget and under compared to last year by 19%. due to insurance, COVID and engineering expenditures			Exp under budget and under 17% compared to last year at this time.			Exp under budget, and up over last year by 13%.			Exp under budget and comparable to last year		

**Flathead County Health Department**  
**Health CIP Budget FY22**  
**Year to Date Summary, January 31, 2022**  
**Total Budget vs. YTD Actual, Cash Basis**

	Health CIP Budget		
	Budget FY22	Actual YTD	Variance YTD
<b>Revenue</b>			
Interest Earnings	2,000	1,162	(838)
Auction Proceeds	-	-	-
Transfers In	75,000	37,500	(37,500)
	77,000	38,662	(38,338)
<b>Expenditures</b>			
Vehicle #1 and #2	80,000	75,424	4,576
AC Chiller	118,236	3,201	115,035
Smart TV	6,000		
Transfers Out - GVHC	-	29,356	(29,356)
	204,236	107,981	90,255
<b>Net Increase/(Decrease)</b>	<b>(127,236)</b>	<b>(69,319)</b>	<b>51,917</b>
<b>Cash Recon</b>			
Beginning Cash, July 1, 2021	943,654		
Change in Cash, YTD	(69,319)		
Ending Cash, January 31, 2022	874,335		

**Flathead County Health Department**  
**Home Health FY22**  
**Year to Date Summary, January 31, 2022**  
**Total Budget vs. YTD Actual, Cash Basis**

	Home Health Budget		
	Budget FY22	Actual YTD	Variance YTD
<b>Revenue</b>			
Private Pay	180,000	145,932	(34,068)
Federal Stimulus	-	-	-
Medicare	900,000	344,777	(555,223)
Medicaid	5,000	6,858	1,858
Misc	-	-	-
	<u>1,085,000</u>	<u>497,567</u>	<u>(587,433)</u>
<b>Expenditures</b>			
County Employees	22,439	-	22,439
Contracted Services	1,251,000	661,556	589,444
Building Rental	40,700	23,676	17,024
Insurance	4,800	5,096	(296)
IT Service Charge	3,440	1,720	1,720
	<u>1,322,379</u>	<u>692,048</u>	<u>630,331</u>
<b>Net Increase/(Decrease)</b>	<u>(237,379)</u>	<u>(194,481)</u>	<u>42,898</u>

**Cash Recon**

Beginning Cash, July 1, 2021	59,708	<b>FY21</b>	116,368
Change in Cash, YTD	(194,481)	<b>FY20</b>	196,797
Ending Cash, January 31, 2022	<u>(134,773)</u>	<b>FY19</b>	268,968

<b>FY18</b>	291,822
<b>FY17</b>	388,255
<b>FY16</b>	400,049

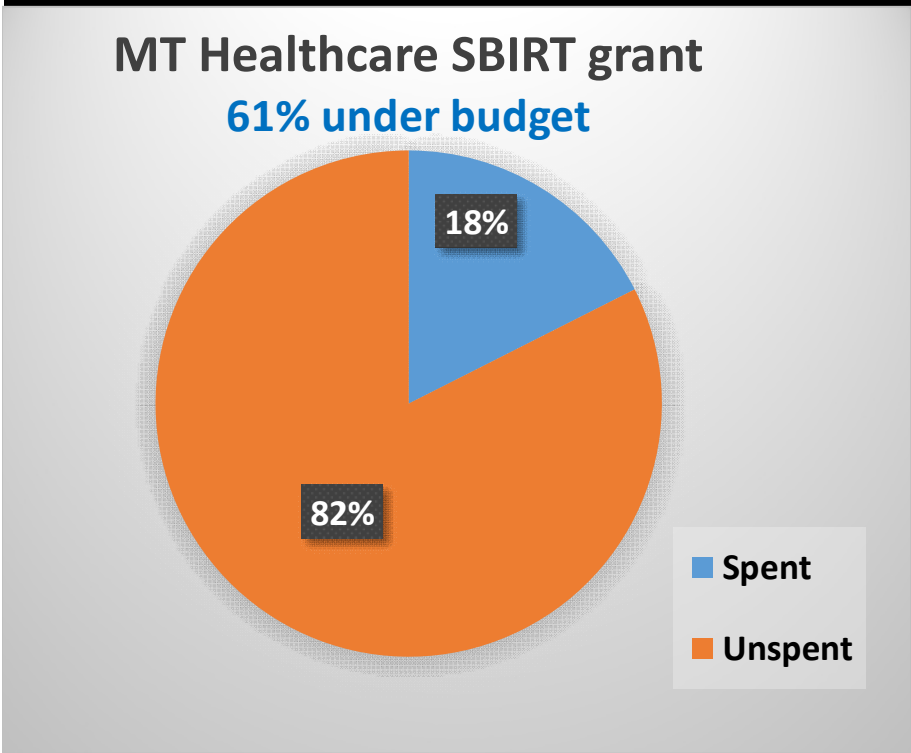
**Cash and Account Receivable**

Acct Receivable, January 31, 2022	343,186
*Less: Allowance for Doubtful Accounts	<u>(51,478)</u>
Net Accounts Receivable	291,708
Ending Cash, January 31, 2022	<u>(134,773)</u>
Cash and Net Account Receivable	<u>156,935</u>

\* estimated at 15% of AR Balance

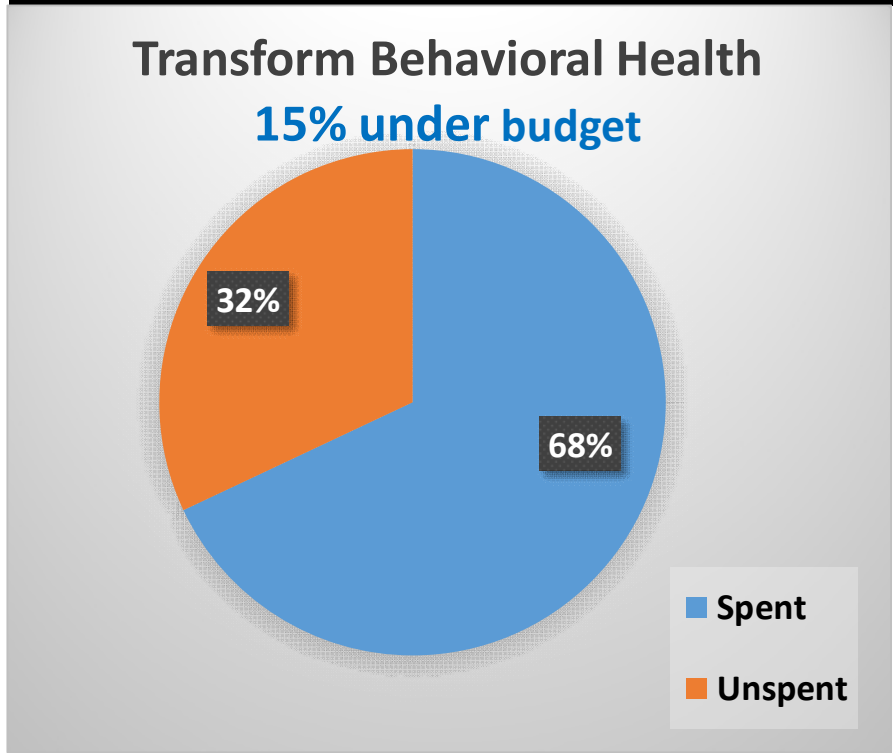
**Health Administration Grants FY'22  
Expenditures as of 1/31/22**

MT HC SBIRT	\$	%
Budget	\$ 50,000	100%
Spent	\$ 8,780	18%
Unspent	\$ 41,220	82%



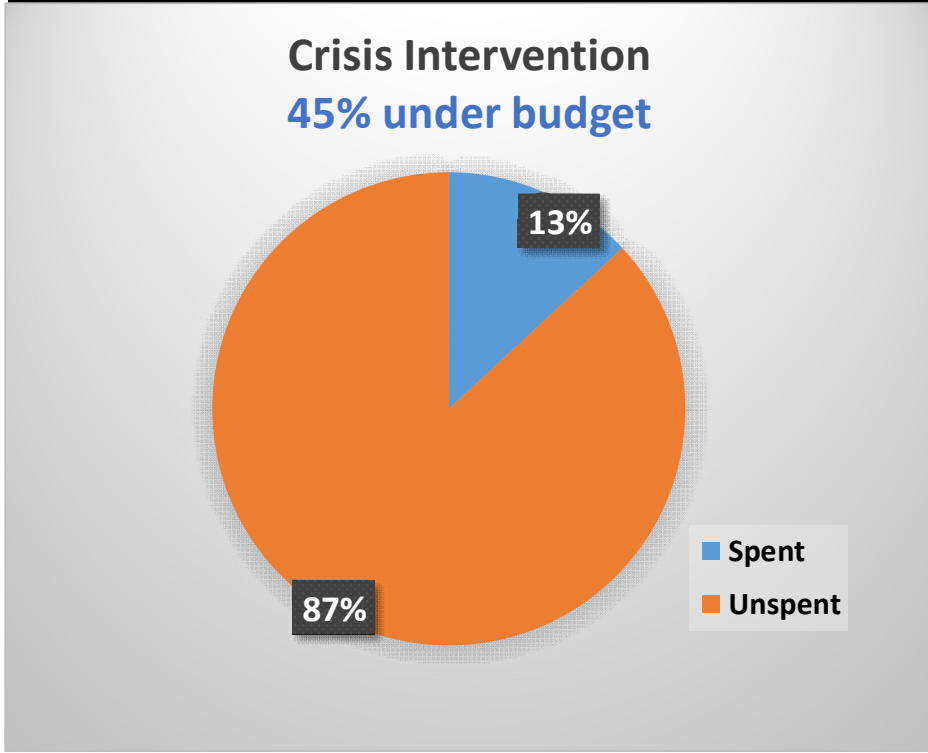
Grant Type	Revenue Source	Fiscal End Date
Deliverable	Private	06/30/22

Transform BH	\$	%
Budget	\$ 25,000	100%
Spent	\$ 17,000	68%
Unspent	\$ 8,000	32%



Grant Type	Revenue Source	Fiscal End Date
Deliverable	Private	05/31/22

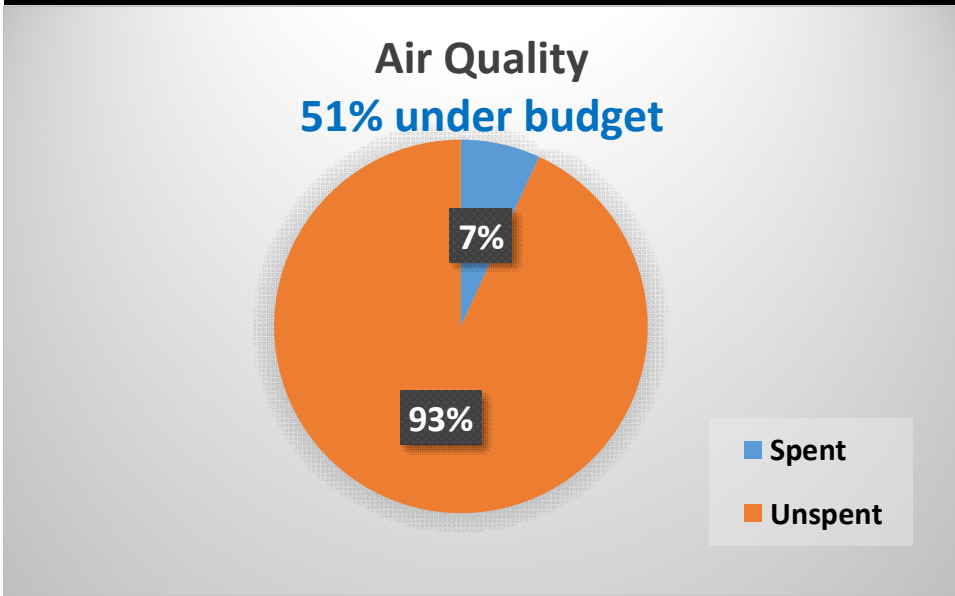
CTMG	\$	%
Budget	\$ 275,000	100%
Spent	\$ 36,057	13%
Unspent	\$ 238,943	87%



Grant Type	Revenue Source	Fiscal End Date
Reimbursement	State	06/30/22

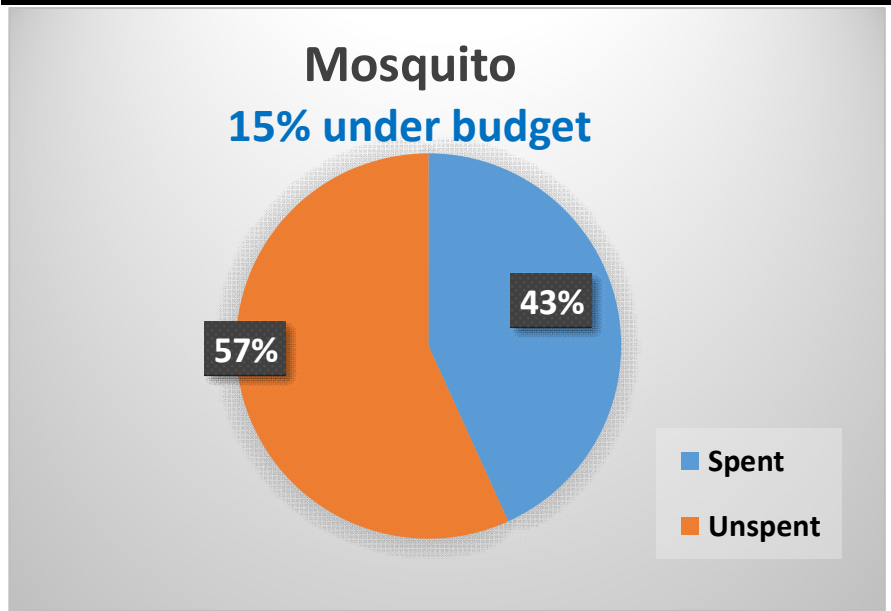
Environmental Health Grants FY'22  
Expenditures as of 1/31/22

AIR QUALITY	\$	%
Budget	\$ 50,213	100%
Spent	\$ 3,462	7%
Unspent	\$ 46,751	93%



Grant Type	Revenue Source	Fiscal End Date
Deliverable	Federal/State	06/30/22

MOSQUITO	\$	%
Budget	\$ 246,049	100%
Spent	\$ 106,297	43%
Unspent	\$ 139,752	57%

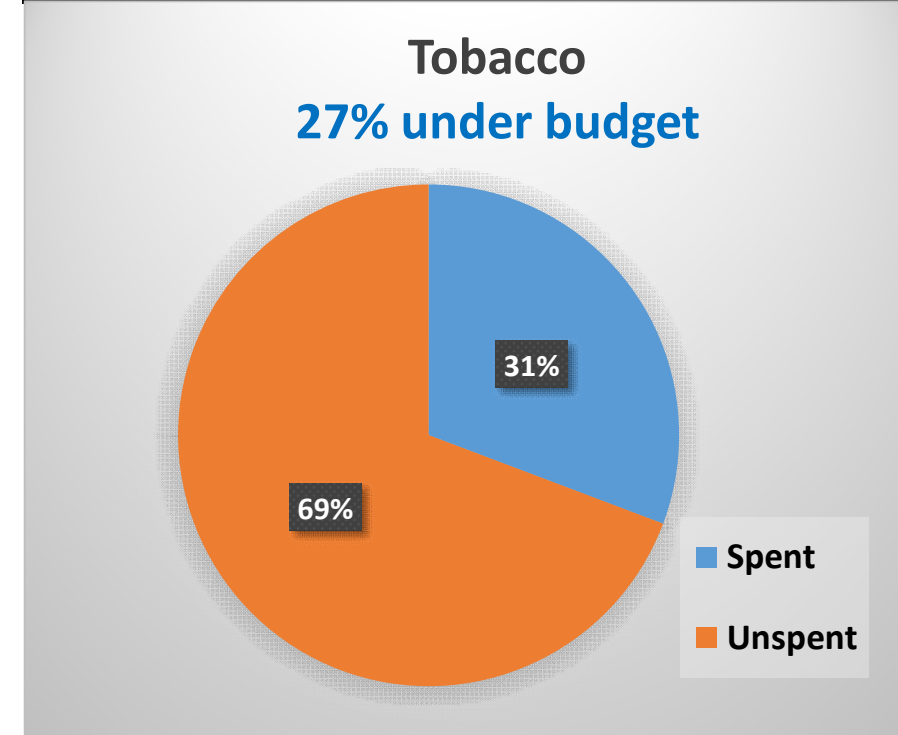


Health Dept	Revenue Source	Fiscal End Date
Mosquito	Tax Levy	06/30/22



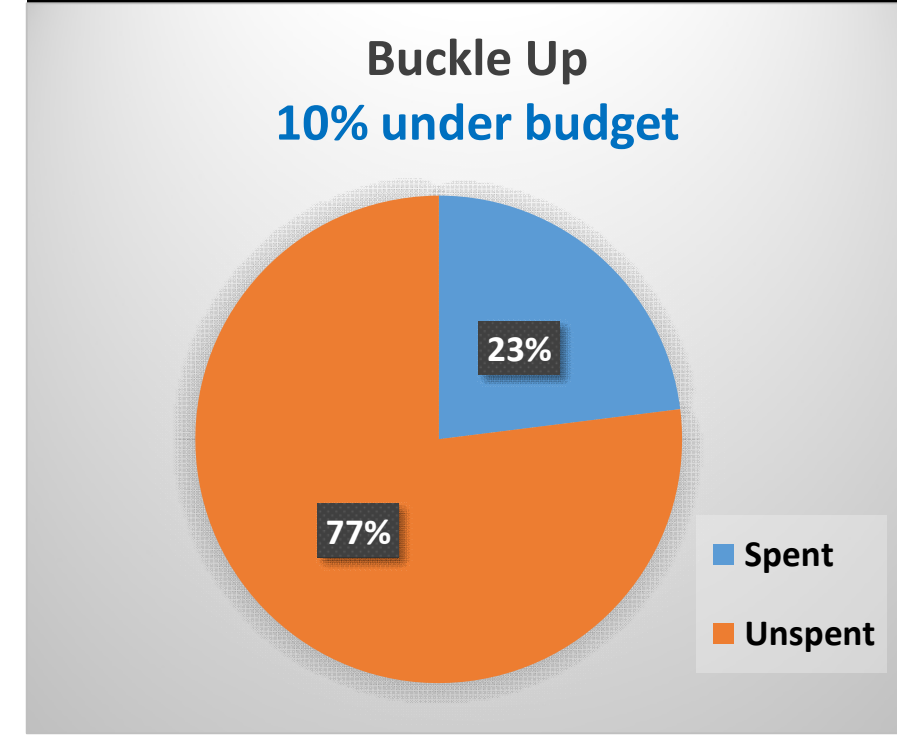
**Health Promotion Programs FY'22  
Expenditures as of 1/31/22**

TOBACCO	\$	%
Budget	\$ 115,546	100%
Spent	\$ 35,520	31%
Unspent	\$ 80,026	69%



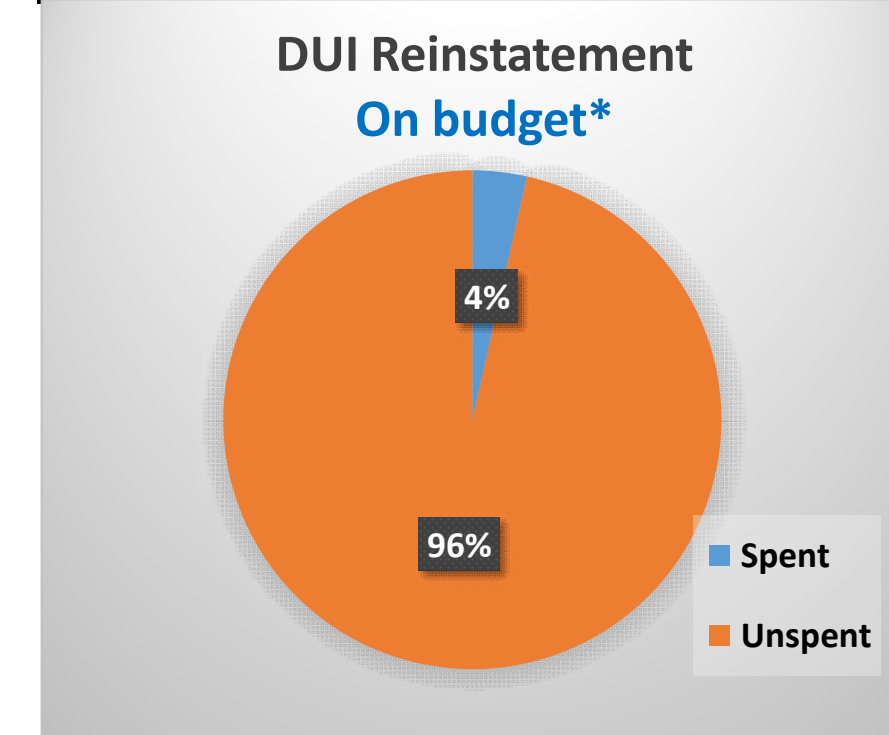
Grant Type	Revenue Source	Fiscal End Date
Deliverable	State	06/30/22

BUCKLE UP	\$	%
Budget	\$ 47,455	100%
Spent	\$ 10,931	23%
Unspent	\$ 36,524	77%



Grant Type	Revenue Source	Fiscal End Date
Reimbursement	Federal	09/30/22

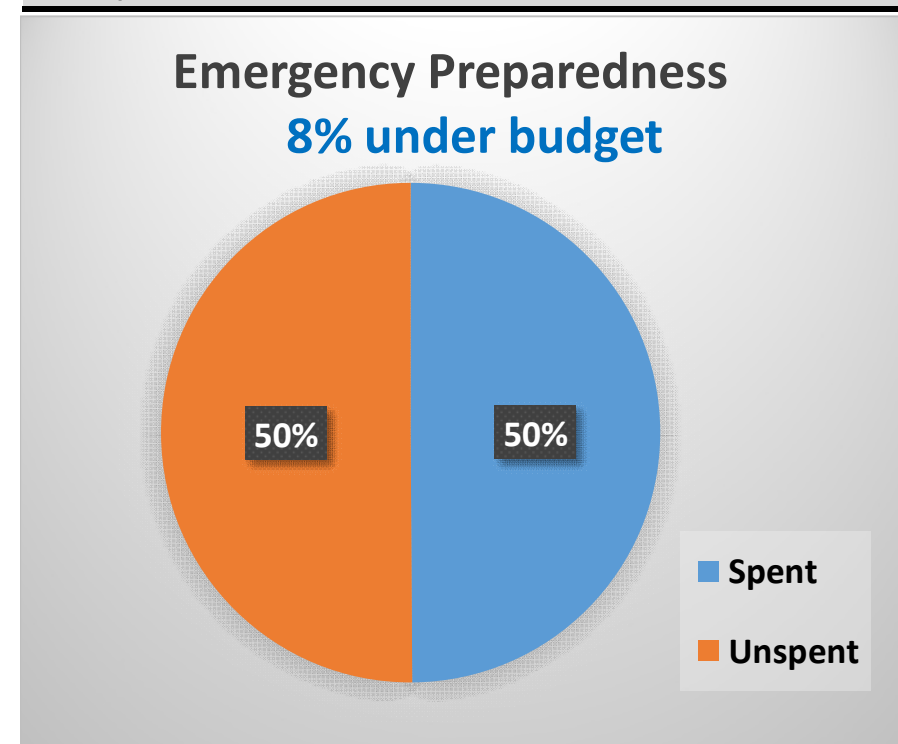
DUI	\$	%
Budget	\$ 86,302	100%
Spent	\$ 3,045	4%
Unspent	\$ 83,257	96%



\* Inflated budget per State request

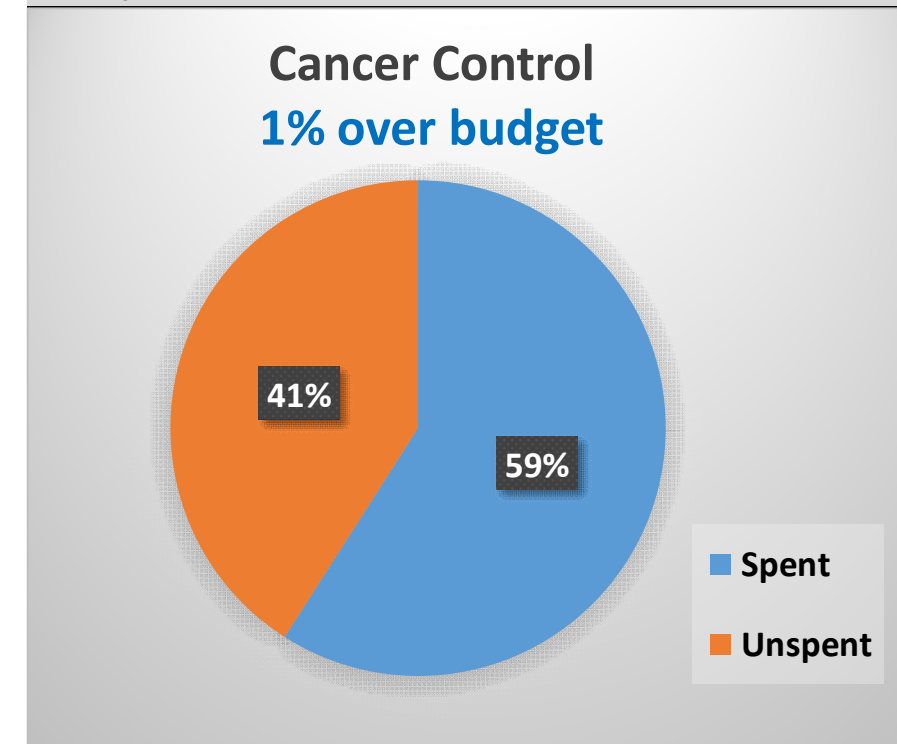
Grant Type	Revenue Source	Fiscal End Date
Deliverable	State	06/30/22

PHEP	\$	%
Budget	\$ 218,667	100%
Spent	\$ 109,087	50%
Unspent	\$ 109,580	50%



Grant Type	Revenue Source	Fiscal End Date
Deliverable	Federal	06/30/22

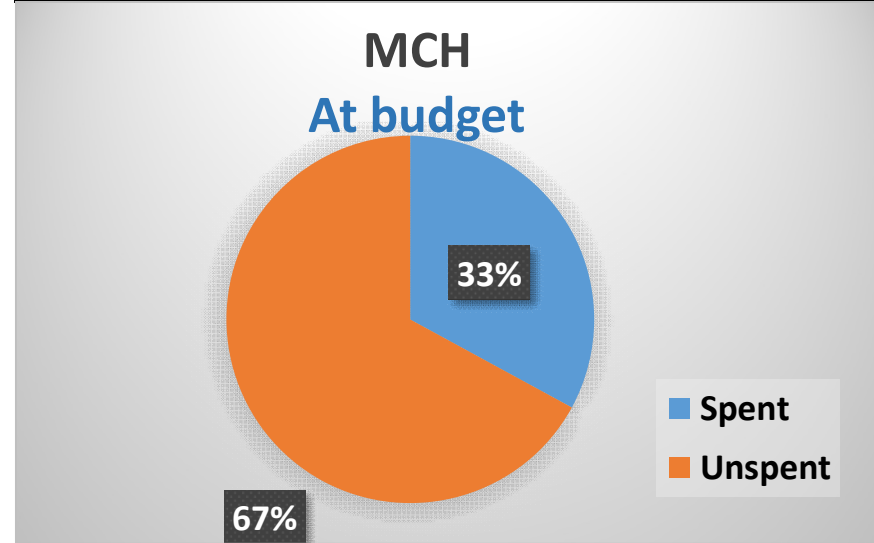
CANCER CONTROL	\$	%
Budget	\$ 161,334	100%
Spent	\$ 95,270	59%
Unspent	\$ 66,064	41%



Grant Type	Revenue Source	Fiscal End Date
Deliverable	Federal/State	06/30/22

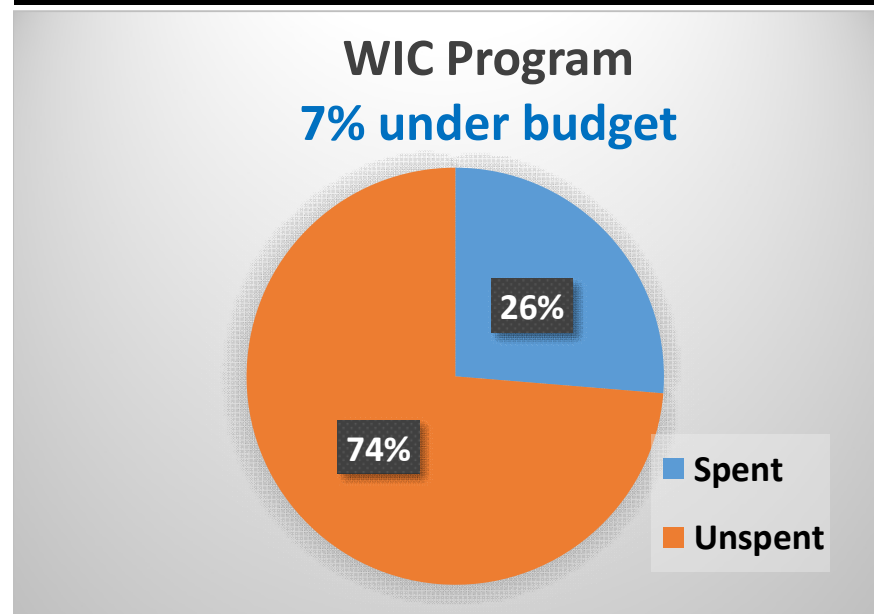
**Community Health Programs FY'22  
Expenditures as of 1/31/22**

MATERNAL & CHILD HEALTH			
	\$		%
Budget	\$ 88,803		100%
Spent	\$ 29,258		33%
Unspent	\$ 59,545		67%



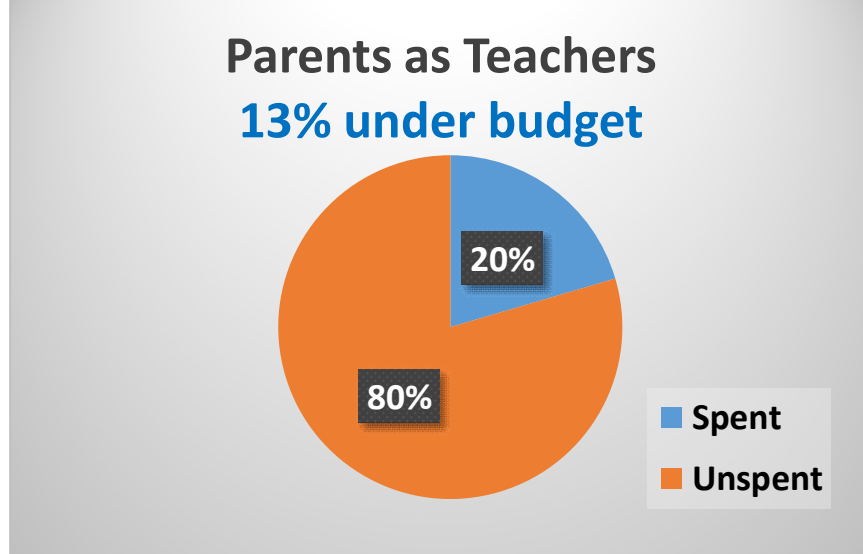
Grant Type	Revenue Source	Fiscal End Date
Deliverable	Federal	09/30/22

WIC			
	\$		%
Budget	\$ 350,000		100%
Spent	\$ 92,041		26%
Unspent	\$ 257,959		74%



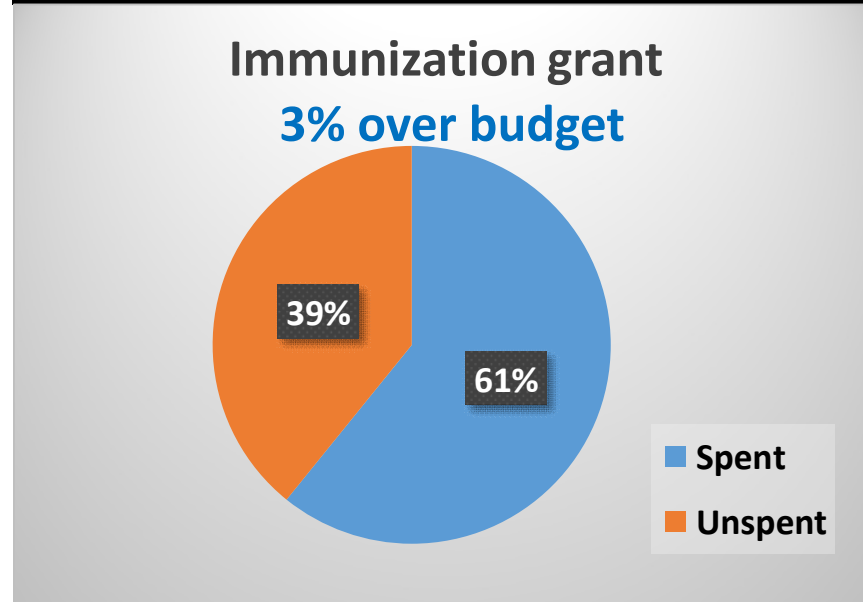
Grant Type	Revenue Source	Fiscal End Date
Reimbursement	Federal	09/30/22

PAT			
	\$		%
Budget	\$ 258,299		100%
Spent	\$ 52,768		20%
Unspent	\$ 205,531		80%



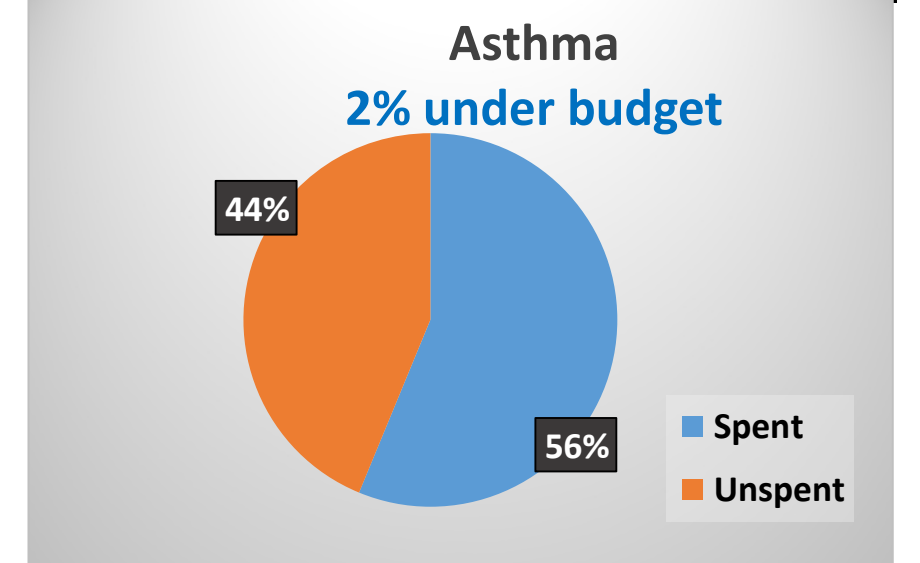
Grant Type	Revenue Source	Fiscal End Date
Reimbursement	State	09/30/22

IMMUNIZATION GRANT			
	\$		%
Budget	\$ 991,198		100%
Spent	\$ 602,886		61%
Unspent	\$ 388,312		39%



Grant Type	Revenue Source	Fiscal End Date
Deliverable	Federal	06/30/22

ASTHMA			
	\$		%
Budget	\$ 30,000		100%
Spent	\$ 16,867		56%
Unspent	\$ 13,133		44%

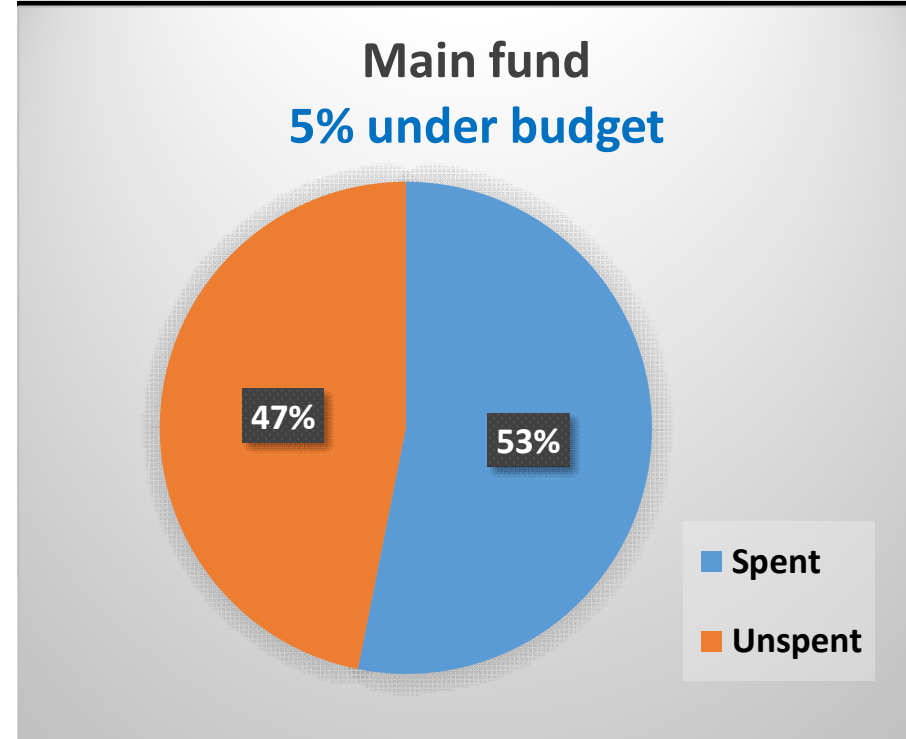


Grant Type	Revenue Source	Fiscal End Date
Reimbursement	State	06/30/22

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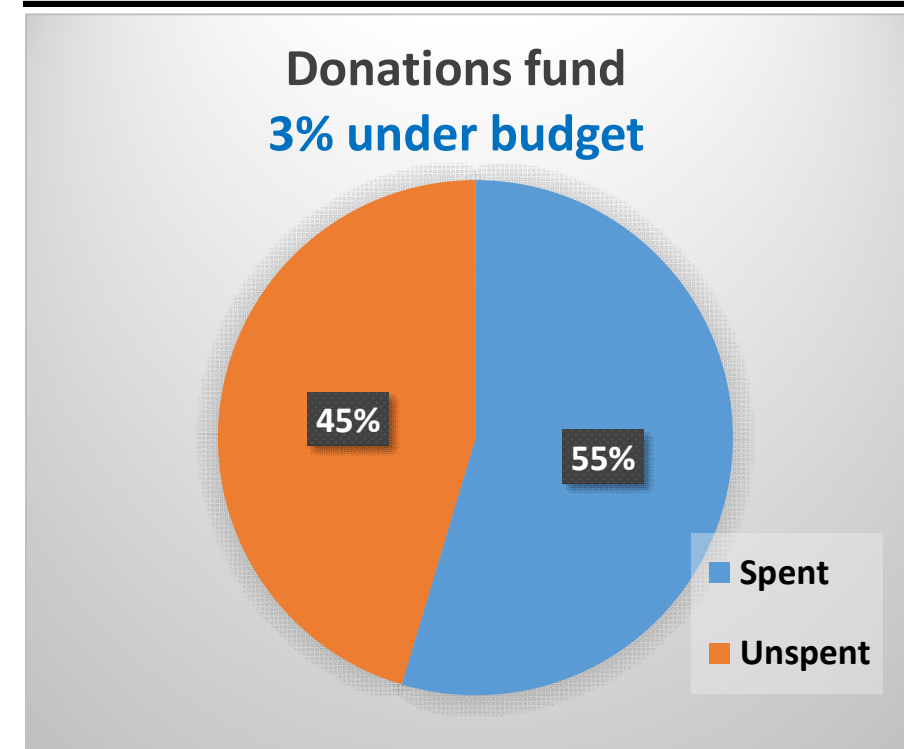
**Animal Shelter FY'22  
Expenditures as of 1/31/22**

MAIN FUND	\$	%
Budget	\$ 474,553	100%
Spent	\$ 252,156	53%
Unspent	\$ 222,397	47%



Health Dept	Revenue Source	Fiscal End Date
Animal Shelter	Tax Levy & Fees	06/30/22

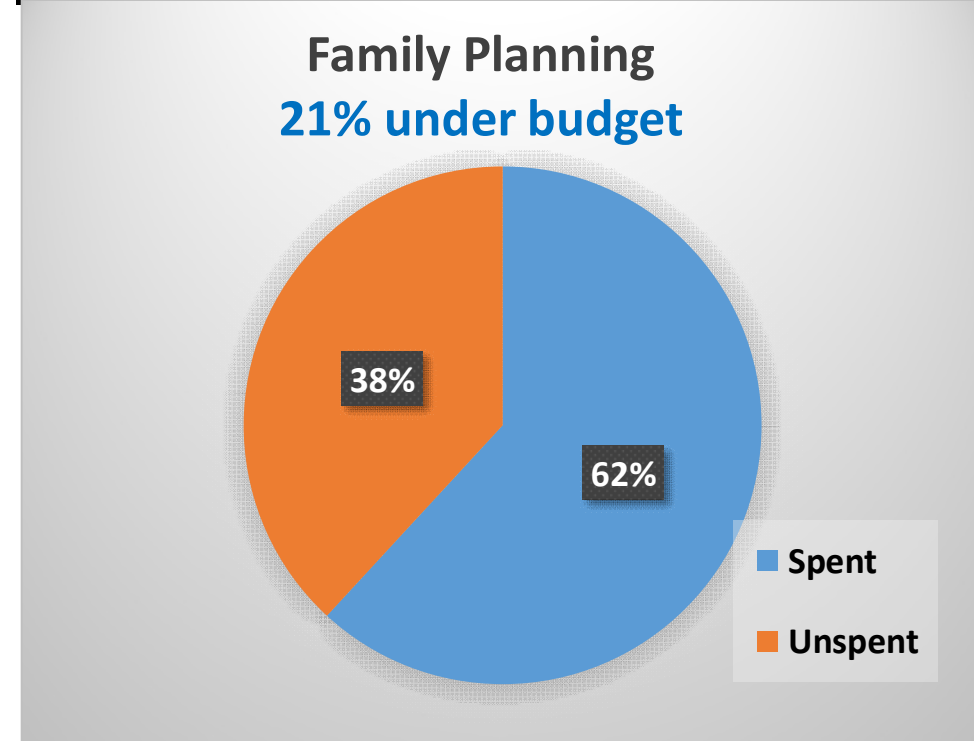
DONATIONS FUND	\$	%
Budget	\$ 476,850	100%
Spent	\$ 260,516	55%
Unspent	\$ 216,334	45%



Health Dept	Revenue Source	Fiscal End Date
Animal Shelter	Donations	06/30/22

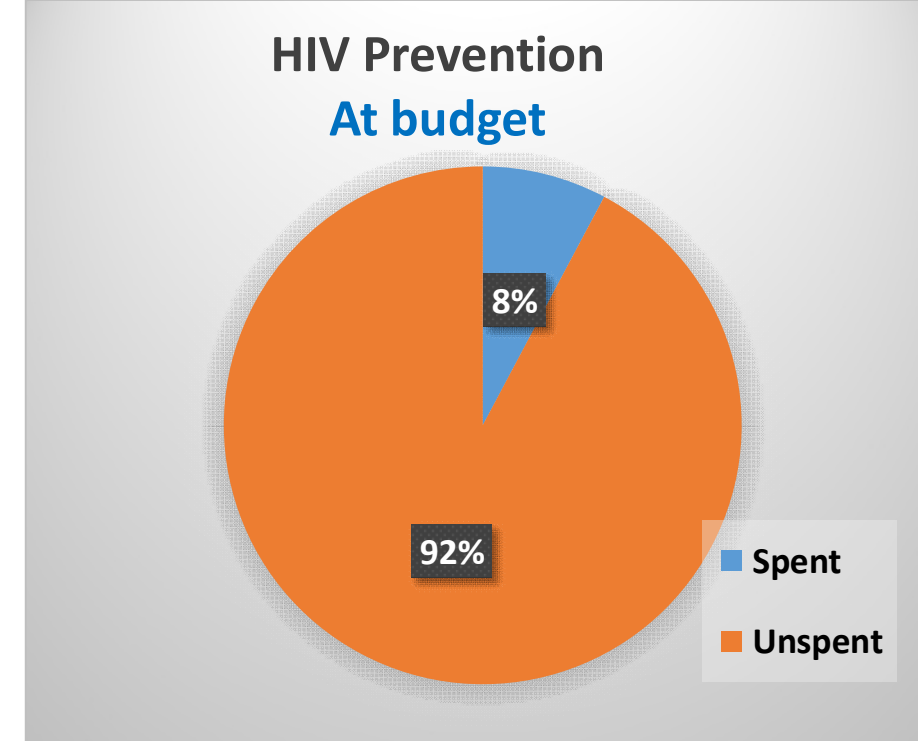
**Family Planning FY'22  
Expenditures as of 1/31/22**

FP Main	\$	%
Budget	\$ 633,974	100%
Spent	\$ 392,119	62%
Unspent	\$ 241,855	38%



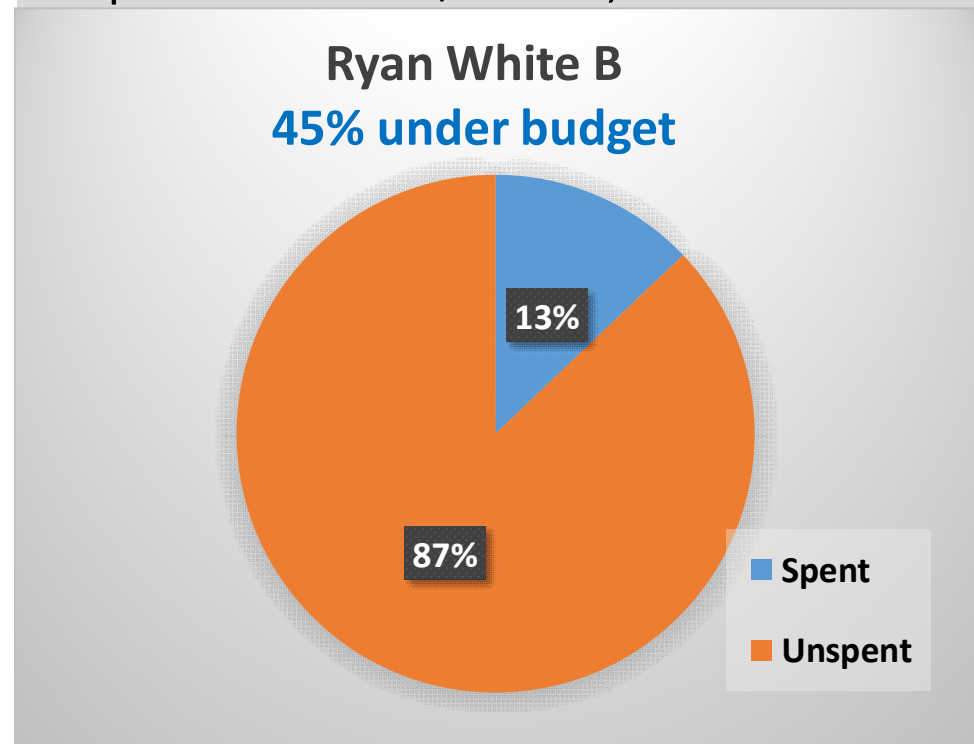
Grant Type	Revenue Source	Fiscal End Date
Reimbursent	Federal/State	03/31/22

HIV Prevention	\$	%
Budget	\$ 65,574	100%
Spent	\$ 5,104	8%
Unspent	\$ 60,470	92%



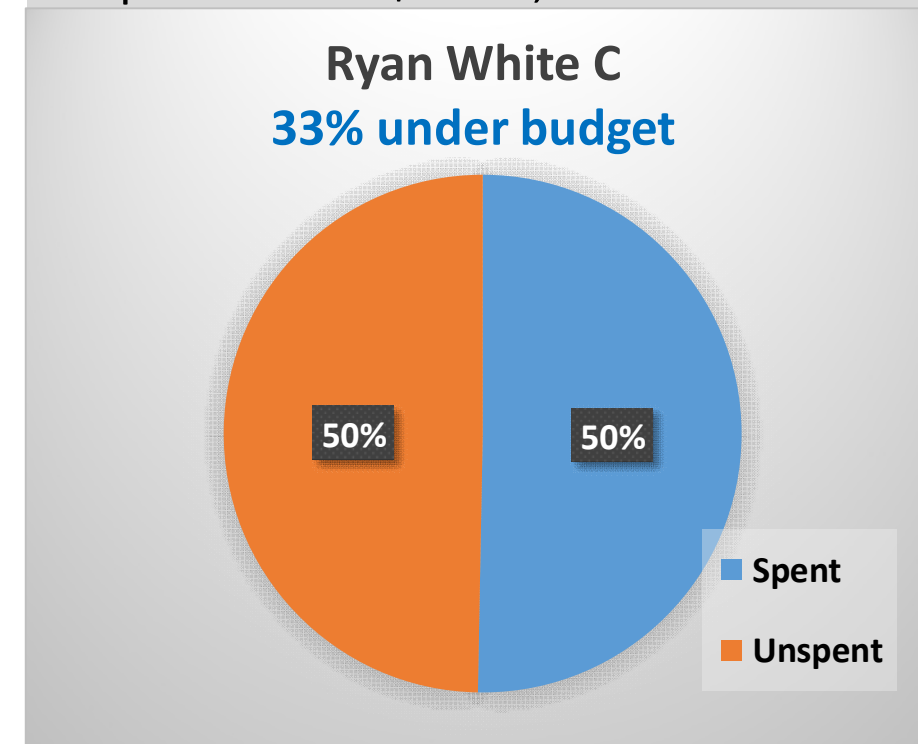
Grant Type	Revenue Source	Fiscal End Date
Reimbursement	Federal	12/31/22

Ryan White B	\$	%
Budget	\$ 30,000	100%
Spent	\$ 3,866	13%
Unspent	\$ 26,134	87%



Grant Type	Revenue Source	Fiscal End Date
Reimbursent	State	06/30/22

Ryan White C	\$	%
Budget	\$ 25,000	100%
Spent	\$ 12,575	50%
Unspent	\$ 12,425	50%



Grant Type	Revenue Source	Fiscal End Date
Reimbursement	Federal	04/30/22

February 11, 2022

To: Flathead City-County Board of Health

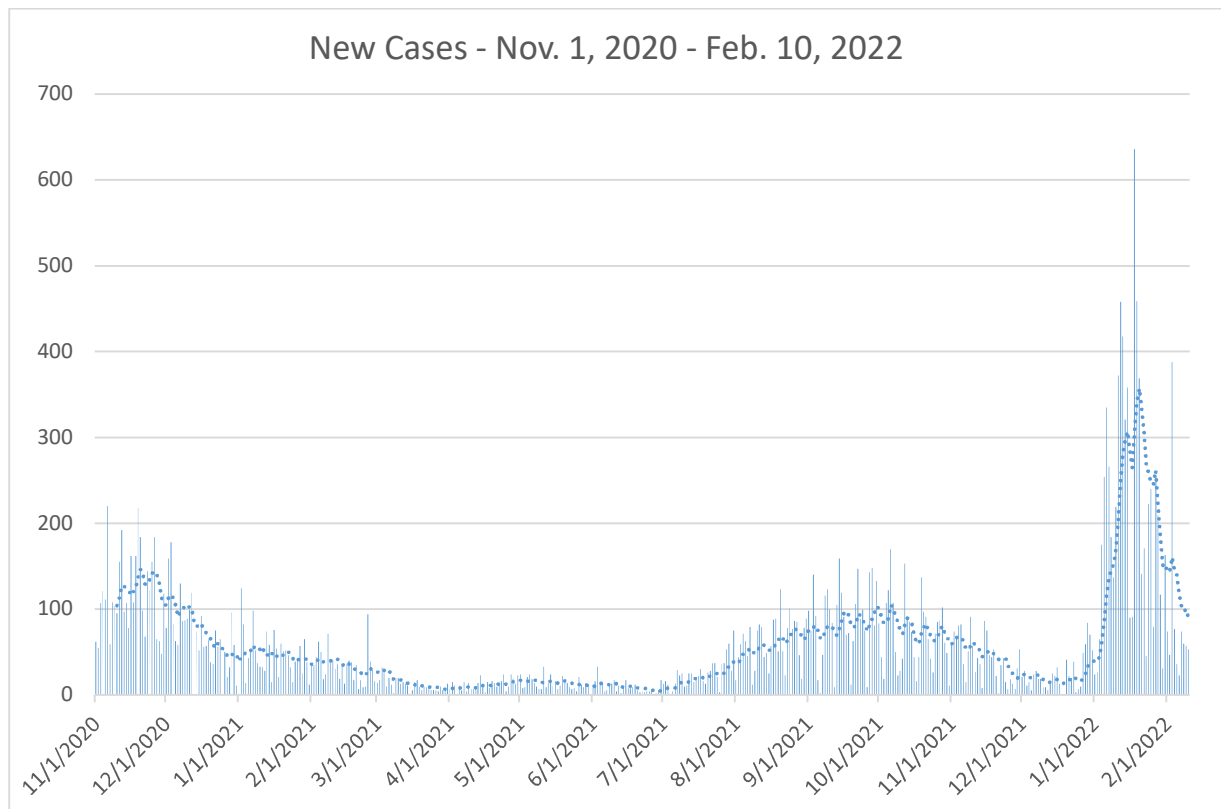
From: Joe Russell, Health Officer

Re: Health Officers Report

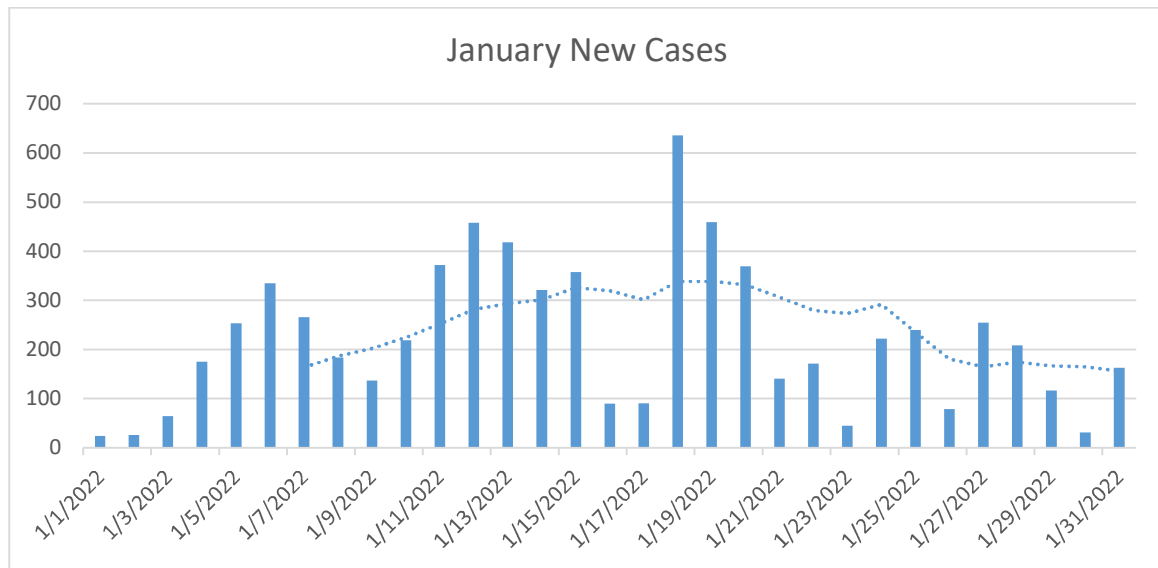
This will report matters of public health significance to the Board of Health for the period:  
January 14, 2022 through February 11, 2022.

### **COVID – 19 Response**

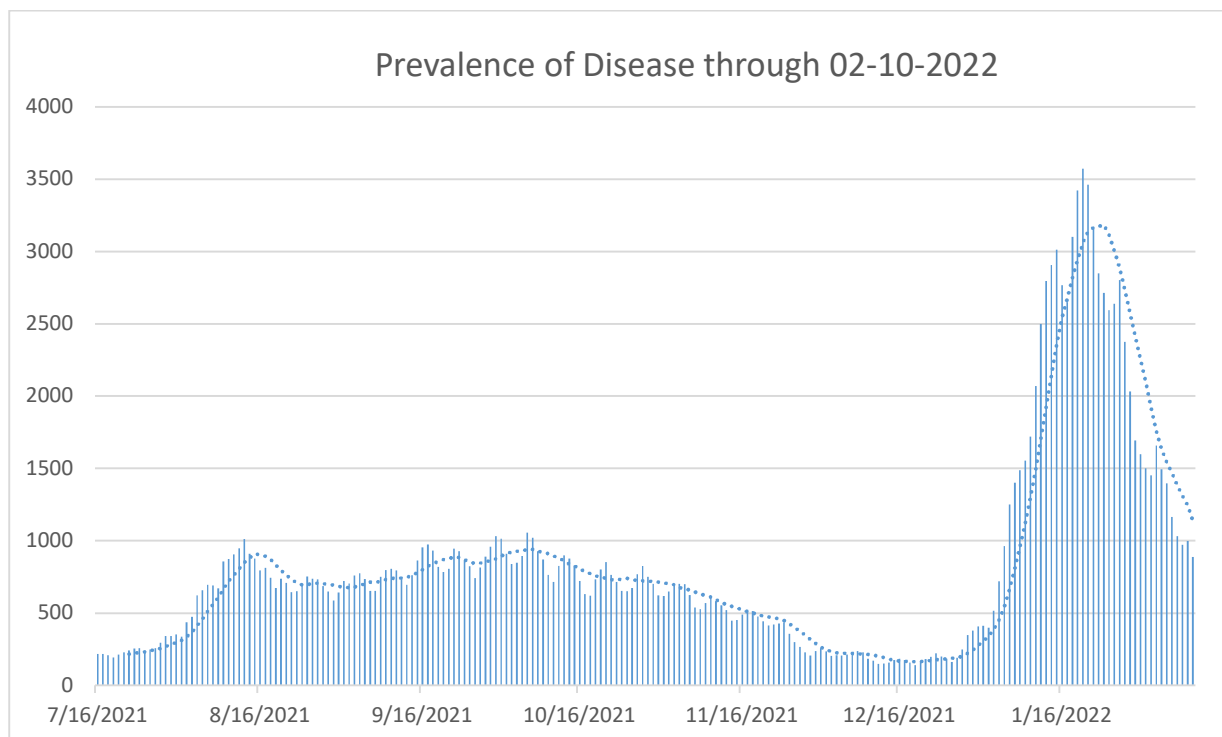
The following two slides indicate the new cases within a specific date period. The first slide indicates the incidence of COVID-19 disease from November 1, 2020 through February 10, 2022. A ten-day moving average has been applied to the chart. Our average number of new cases per day in December 2021 and January 2022 was 24.4 and 223.6. A look at the graph of new cases in January, it is evident that COVID – 19 Omicron variant hit the county - hard. On a positive note, new cases appear to be on a downward trend.



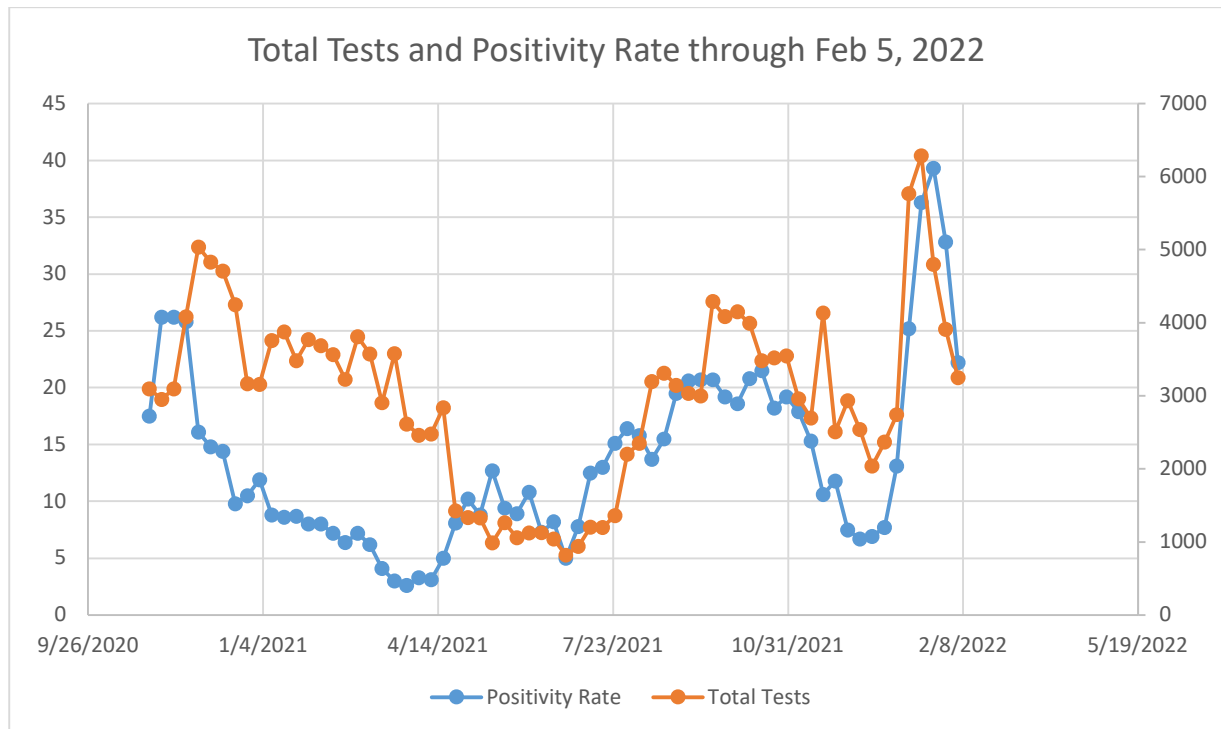




The next chart shows the prevalence of COVID-19 disease in Flathead County. Prevalence is the number of active cases on any given day. Even though the CDC has moved the isolation period to five days, we will continue to define active cases as a ten-day period. All cases are lab-identified, subject matter experts claim that there may be 2.8 times more cases than what is lab identified. If you multiply the number of new cases in January by 2.8, Flathead County may have had 20,000 cases. The “covidestim” site predicts 70% of the Flathead County population has had COVID-19 infection.

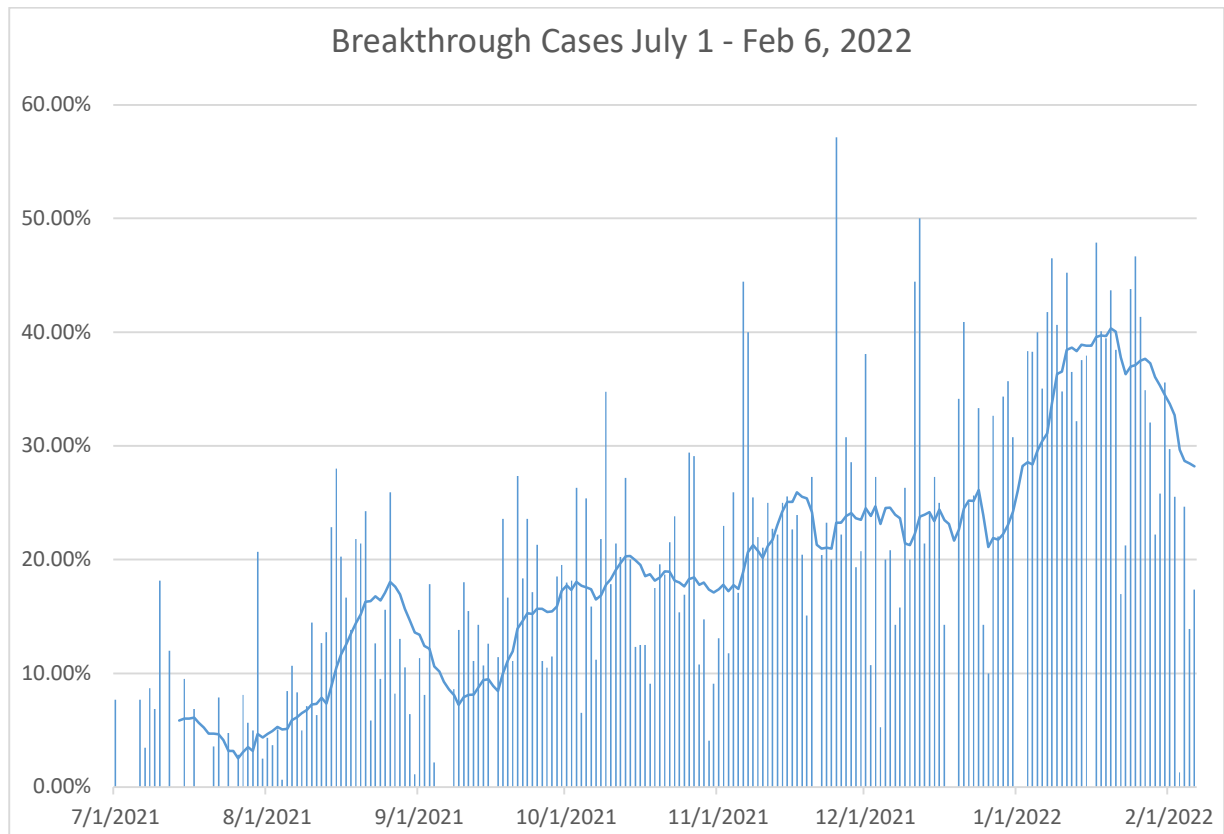


The graph below compares laboratory positivity test rates and total tests conducted in Flathead County.

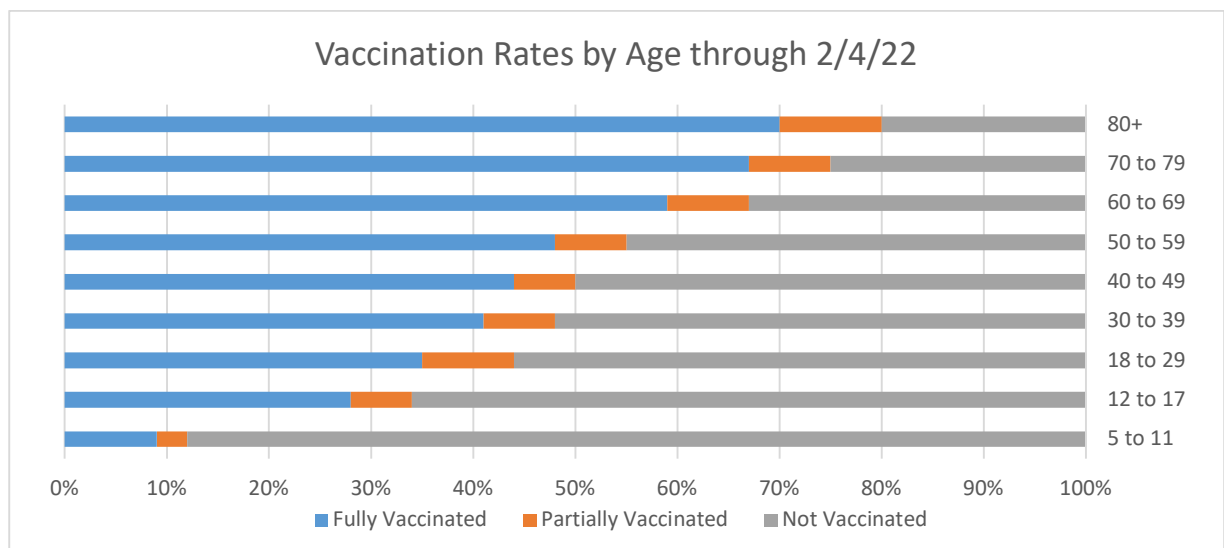


Our positivity rate peaked the week of January 22, 2022 at 39.3 % and has reduced over the past two weeks down to 22.2%. All Flathead County specimens genetically sequenced continue to be the Omicron variant.

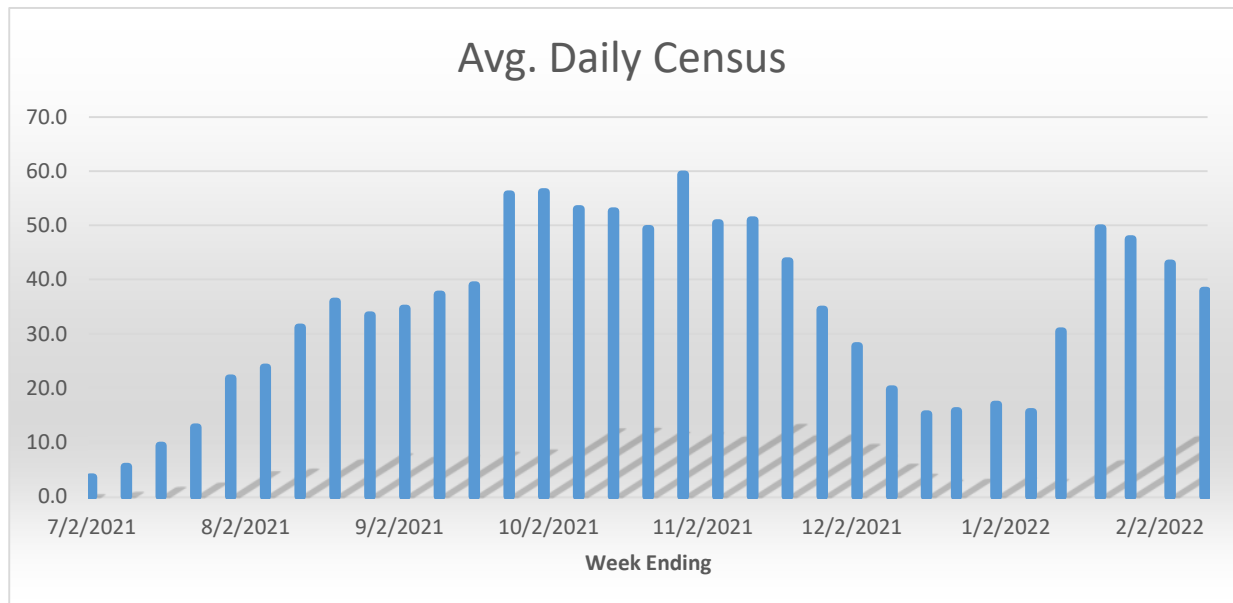
The following slide indicates the breakthrough cases observed from July 1, 2021 to January 9, 2022. Breakthrough cases in December January average 24% and 36.9% of all cases identified.



The following graph indicates all COVID-19 vaccination rates by age through February 4, 2022 administered in Flathead County through January 7, 2022. 44% of the population is fully vaccinated, 7% is partially vaccinated and 49% have received no vaccination. These rates do not include vaccinations received out of Montana.



The following slide is the average daily census reported on a weekly basis. Hospitalizations continue to be high, even with the milder Omicron variant. About 25% of our hospitalization are out-of-county residents.



In response to some public comment, I created the following slide to show some Hospitalization and death data regard COVID-19.

## Hospital/Death Data

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- 811 hospitalization with known vaccination status
  - ◊ 170/811 cases were vaccinated (21%)
- 32 hospitalized cases have information on ICU and vaccination status
  - ◊ 4/32 cases were fully vaccinated (12.5%)
- 109 deaths recorded in Flathead County with known vaccination status
  - ◊ 23/109 deaths were fully vaccinated (21%)
  - ◊ Note: only one of the 23 had received a booster dose
  - ◊ Mean age at death was 73
  - ◊ Of the 23 deaths, only one (1) reported no comorbidities

I feel it necessary to address a few points that have been stated during public comment, the first being “informed consent”. Every person that receives a vaccination must sign a consent form. Parents and guardians sign that consent for minors. Every person either receive a Vaccine Information Sheet (VIS) or the Emergency Use Authorization (EUA) Fact Sheet specific for the vaccination requested and their age. The consent form is reviewed by the Registered Nurse that will be administering the vaccination. If the Nurse believes there is cause for the person not to be vaccinated, that person will not receive vaccination. The consent form, VIS and EUA are attached at the end of this report.

Someone made the comment that the Pfizer COVID-19 vaccine lost their approval. This is not true. Attached is the first page of the VIS for Pfizer COVID-19 vaccine, approved for use in persons 12 years of age and older. Furthermore, Moderna’s COVID-19 vaccination was fully approved for use in adults 18 years and older on January 31, 2022. As you review the information sheets, fully approved vaccinations state Vaccine Information Sheet and those under EUA state Fact Sheet.

Herd Immunity continues to be a question that needs to be addressed. Certainly something we may discuss on Thursday.

#### Gold Star Policy

This is a policy that requires some modification. This policy was adopted by the Board in 2013 to recognize high-performing retail food establishments. The following section (highlighted) is replaced by the section below it.

Active managerial control means the purposeful incorporation of specific actions or procedures by industry management into the operation of their business to attain control over foodborne illness risk factors. It embodies a preventive rather than reactive approach to food safety through a continuous system of monitoring and verification (FDA). For the purposes of this policy, the following will be considered active managerial controls:

- Certified food protection managers who have shown a proficiency in required information by passing a test that is part of an accredited program such as ServSafe,
- Standard operating procedures (SOPs) for performing critical operational steps in a food preparation process, such as cooling,
- Monitoring procedures,
- Record keeping,
- Employee health policy for restricting or excluding ill employees, and
- Manager and employee training.

The above list is the minimum managerial controls required for qualification for the Gold Star Award; additional managerial controls are encouraged. In addition, food service establishments that institute active managerial controls will also be expected to develop at least one Hazard Analysis – Critical Control Point (HACCP) plan for high-risk food(s).

#### REPLACED WITH:

For the purposes of this policy, the following will be considered active managerial controls:



- Standard operating procedures (SOPs) for performing critical operational steps in a food preparation process, including, but not limited to hand washing, gloves-use, sanitizing and cooling,
- Safe food temperature monitoring procedures demonstrated by keeping logs of cold holding, hot holding, cooling and cooking temperatures,
- Employee training program
- Record keeping and documentation supporting the implementation of the controls listed herein.

The above list is the minimum managerial controls required for qualification for the Gold Star Award; additional managerial controls are encouraged. The criteria for compliance with each active managerial control will be provided in guidance manuals developed by the environmental health staff.

### **Request for Qualifications – Veterinary Services**

On January 25, 2022, the Board of County Commissioners issued a Request for Qualification (RFQ) for Veterinary Services for the Animal Shelter. Statements of Qualifications (SOQ) are due to the Board of Health on February 18, 2022. Please consider how these SOQs should be reviewed, and the firm will be identified.

### **Health Officer Cease and Desist Orders**

Pete's Fried Chicken remains unresolved and nothing has changed. David Randall has issued a letter to cease operation and Pete is and has filed charges. David continues to work with the attorneys with the Montana Building Codes Bureau on further action. A warrant has been issued for the operator.

# COVID-19 Vaccine Registration and Administration Form

## Vaccine Recipient Information

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Race (Please Circle): White Black/African American Asian Native HI/Other Pacific Islander American Indian/AK Native Other  
 Hispanic (Please Circle): Yes No Please circle dose: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>  
 Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1	Are you feeling sick today?	Yes	No	Unsure
2	Have you been named as a close contact to a COVID-19 case in the past 10 days?	Yes	No	Unsure
3	Have you ever received a dose of COVID-19 vaccine?	Yes	No	Unsure
3a	If you have received a dose of COVID-19 vaccine, which vaccine product did you receive?	Pfizer	Moderna	Johnson & Johnson
3b	Did you bring your vaccination record card or other documentation?	Yes	No	Unsure
4	Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine?	Yes	No	Unsure
5	Do you have any allergies to medications, food, a vaccine component, or latex? If yes, please list:	Yes	No	Unsure
6	Do you have allergies to a component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures.	Yes	No	Unsure
7	Do you have allergies to polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids?	Yes	No	Unsure

<b>Mark all conditions that apply to you:</b>	
Am a female between ages 18 and 49 years old	Have a bleeding disorder
Am a male between ages 12 and 29 years old	Take a blood thinner
Have a history of myocarditis or pericarditis	Have a history of heparin-induced thrombocytopenia (HIT)
Had COVID-19 and was treated with monoclonal antibodies or convalescent serum within last 90 days	Am currently pregnant or breastfeeding
Diagnosed with Multisystem inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection	Have received dermal fillers
Have a weakened immune system (i.e, HIV, cancer) or take immunosuppressive drugs or therapies	History of Guillain-Barre Syndrome (GBS)

## Emergency Use Authorization (EUA) Information:

Flathead City-County Health Department is a Point of Dispensing (POD) organization in Montana for COVID-19 vaccine. The COVID-19 vaccines (Moderna, Johnson&Johnson, Pfizer-BioNTech) were granted emergency use authorization by the Federal Drug Association (FDA). On August 23, 2021 the FDA approved the Pfizer-BioNTech COVID-19 Vaccine for persons 16 years and older, and will now be marketed as Comirnaty.

## COVID-19 Vaccine Side Effect Information:

Common side effects of the COVID-19 vaccine include soreness at injection site, chills, headache, general aches, mild flu-like symptoms, and low-grade fever. If you experience these side effects, they will usually subside in 2 to 3 days. If you experience these side effects, it is still recommended to receive the 2<sup>nd</sup> dose of the COVID-19 vaccine. You cannot get COVID-19 from the COVID-19 vaccine, however it is possible that you were exposed prior to being vaccinated and you had not yet developed symptoms. If you begin to experience any of the following symptoms of COVID-19, please contact your primary care provider—cough, loss of taste or smell, sore throat, severe body ache. Also contact your primary care provider if you experience gland swelling, fast heartbeat, trouble breathing, or allergic reaction.

## Vaccine Adverse Event Reporting System:

Anyone can submit information to VAERS to report any potential side effects or adverse reactions to a vaccine received. To submit the report, please go to the following link and follow the prompts: <https://vaers.hhs.gov/reportevent.html>

**Second-Dose Question:** Did you experience any side effects with the first dose administration? \_\_ Yes \_\_ No \_\_ Not Applicable

## Mandated data entry into ImMTrax:

Documentation of the administration of both doses of the COVID-19 vaccine will be entered into your electronic medical record and is mandated to be entered into the Montana Immunization Registry (ImMTrax), regardless of your preferences for other immunization data. By signing below, you are acknowledging that you are aware of this mandatory reporting element, and that you received the EUA/VIS regarding this vaccine.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Manufacturer	Dose	Lot #	Route	Site	Nurse Initials	Return Date
__Pfizer __Moderna __Janssen			IM	Deltoid __L __R		

## **VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT SPIKEVAX (COVID-19 VACCINE, mRNA) AND THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered either SPIKEVAX (COVID-19 Vaccine, mRNA) or the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Moderna COVID-19 Vaccine and also includes information about the FDA-licensed vaccine, SPIKEVAX (COVID-19 Vaccine, mRNA) for use in individuals 18 years of age and older.

The FDA-approved SPIKEVAX (COVID-19 Vaccine, mRNA) and the Moderna COVID-19 Vaccine authorized for Emergency Use Authorization (EUA) for individuals 18 years of age and older can be used interchangeably.<sup>1</sup>

SPIKEVAX (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by ModernaTX, Inc. It is approved as a two-dose series for prevention of COVID-19 in individuals 18 years of age and older. It is also authorized under EUA to provide:

- a third primary series dose to individuals 18 years of age and older who have been determined to have certain kinds of immunocompromise;
- a single booster dose to individuals 18 years of age and older who have completed a primary series with Moderna COVID-19 Vaccine or SPIKEVAX (COVID-19 Vaccine, mRNA); and
- a single booster dose to individuals 18 years of age and older who have completed primary vaccination with another authorized or approved COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.

The Moderna COVID-19 Vaccine has received EUA from FDA to provide:

- a two-dose primary series to individuals 18 years of age and older;
- a third primary series dose to individuals 18 years of age and older who have been determined to have certain kinds of immunocompromise;
- a single booster dose to the individuals 18 years of age and older who have completed a primary series with the Moderna COVID-19 Vaccine or SPIKEVAX (COVID-19 Vaccine, mRNA); and
- a single booster dose to individuals 18 years of age and older who have completed primary vaccination with another authorized or approved COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.

<sup>1</sup> FDA-approved SPIKEVAX (COVID-19 Vaccine, mRNA) and the EUA-authorized Moderna COVID-19 Vaccine can be used interchangeably without presenting any safety or effectiveness concerns.

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of SPIKEVAX (COVID-19 Vaccine, mRNA) and the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions.

The Moderna COVID-19 Vaccine and SPIKEVAX (COVID-19 Vaccine, mRNA) may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua).

### **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

#### **WHAT IS COVID-19?**

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

#### **HOW IS SPIKEVAX (COVID-19 VACCINE, mRNA) RELATED TO THE MODERNA COVID-19 VACCINE?**

SPIKEVAX (COVID-19 Vaccine, mRNA) can be used interchangeably. For more information on EUA, see the "What is an Emergency Use Authorization (EUA)?" section at the end of this Fact Sheet.

### **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE VACCINE?**

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine
- have ever fainted in association with an injection

### **WHO SHOULD NOT GET THE VACCINE?**

You should not get the vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

### **WHAT ARE THE INGREDIENTS IN THE VACCINE?**

The Moderna COVID-19 Vaccine and SPIKEVAX (COVID-19 Vaccine, mRNA) contain the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

### **HOW IS THE VACCINE GIVEN?**

The Moderna COVID-19 Vaccine or SPIKEVAX (COVID-19 Vaccine, mRNA) will be given to you as an injection into the muscle.

**Primary Series:** The vaccine is administered as a two-dose series, one month apart. A third primary series dose may be administered at least one month after the second dose to individuals who are determined to have certain kinds of immunocompromise.

### **Booster Dose:**

- A single booster dose of the vaccine may be administered at least 5 months after completion of a primary series of the Moderna COVID-19 Vaccine or SPIKEVAX (COVID-19 Vaccine, mRNA) in individuals 18 years of age and older.
- A single booster dose of the vaccine may be administered to individuals 18 years of age and older who have completed primary vaccination with another authorized or approved COVID-19 vaccine. Please check with your healthcare provider regarding timing of the booster dose.

### **HAS THE VACCINE BEEN USED BEFORE?**

Yes. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the vaccine. Data from these clinical trials supported the Emergency Use Authorization of Moderna COVID-19 Vaccine and the approval of SPIKEVAX (COVID-19 Vaccine, mRNA). Millions of individuals have received the vaccine under EUA since December 18, 2020.

### **WHAT ARE THE BENEFITS OF THE VACCINE?**

The vaccine has been shown to prevent COVID-19. The duration of protection against COVID-19 is currently unknown.

### **WHAT ARE THE RISKS OF THE VACCINE?**

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination.

Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine, more commonly in males under 40 years of age than among females and older males. In most of these people, symptoms began within a few days following receipt of the second dose of the vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported in clinical trials with the vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, fever, and rash

Side effects that have been reported during post-authorization use of the vaccine include:

- Severe allergic reactions
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)
- Fainting in association with injection of the vaccine

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

#### WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include either "SPIKEVAX (COVID-19 Vaccine, mRNA)" or "Moderna COVID-19 Vaccine EUA," as appropriate, in the first line of box #18 of the report form. In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-6633762).

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](https://www.cdc.gov/vsafe).

#### WHAT IF I DECIDE NOT TO GET SPIKEVAX (COVID-19 VACCINE, mRNA) OR THE MODERNA COVID-19 VACCINE?

Under the EUA, it is your choice to receive or not receive the vaccine. Should you decide not to receive it, it will not change your standard medical care.

#### ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES SPIKEVAX (COVID-19 VACCINE, mRNA) OR THE MODERNA COVID-19 VACCINE?

Another choice for preventing COVID-19 is COMIRNATY (COVID-19 Vaccine, mRNA), an FDA-approved COVID-19 vaccine. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

#### CAN I RECEIVE SPIKEVAX (COVID-19 VACCINE, mRNA) OR THE MODERNA COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?

Data have not yet been submitted to FDA on administration of SPIKEVAX (COVID-19

Vaccine, mRNA) or the Moderna COVID-19 Vaccine at the same time as other vaccines. If you are considering receiving SPIKEVAX (COVID-19 Vaccine, mRNA) or the Moderna COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

#### WHAT IF I AM IMMUNOCOMPROMISED?

If you are immunocompromised, you may receive a third primary series dose of the vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

#### WHAT IF I AM PREGNANT OR BREASTFEEDING?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

#### WILL THE VACCINE GIVE ME COVID-19?

No. The vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

#### KEEP YOUR VACCINATION CARD


When you receive your first dose, you will get a vaccination card to show you when to return for

your next dose(s) of the vaccine. Remember to bring your card when you return.

#### ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Moderna COVID-19 Vaccine website	Telephone number
<a href="https://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a>	1-866-MODERNA (1-866-663-3762)
	

#### HOW CAN I LEARN MORE?

- Ask the vaccination provider
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

Contact your state or local public health department

#### WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

#### CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicaid, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients).

#### WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or [TIPS.HHS.GOV](https://tips.hhs.gov).

#### WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](https://www.hrsa.gov/cicp/) or call 1-855-266-2427.

#### WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

This EUA for the Moderna COVID-19 Vaccine and SPIKEVAX (COVID-19 Vaccine, mRNA) will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.

Moderna US, Inc.  
Cambridge, MA 02139  
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Patent(s): [www.modernatx.com/patents](https://www.modernatx.com/patents)  
Revised: Jan/31/2022



**FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
EMERGENCY USE AUTHORIZATION (EUA) OF  
THE JANSSEN COVID-19 VACCINE TO PREVENT CORONAVIRUS  
DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND  
OLDER**

You are being offered the Janssen COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of receiving the Janssen COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Janssen COVID-19 Vaccine may prevent you from getting COVID-19.

Read this Fact Sheet for information about the Janssen COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Janssen COVID-19 Vaccine.

The Janssen COVID-19 Vaccine has received EUA from FDA to provide:

- A single dose primary vaccination to individuals 18 years of age and older.
- A single booster dose to individuals 18 years of age and older who have completed a primary vaccination with Janssen COVID-19 Vaccine.
- A single booster dose to eligible individuals who have completed primary vaccination with a different authorized or approved COVID-19 vaccine.

The Janssen COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com).

**WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE WHAT IS COVID-19?**

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Common symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

**WHAT IS THE JANSSEN COVID-19 VACCINE?**

The Janssen COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19.

The FDA has authorized the emergency use of the Janssen COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the "What is an Emergency Use Authorization (EUA)?" section at the end of this Fact Sheet.

**WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE JANSSEN COVID-19 VACCINE?**

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies,
- have a fever,
- have a bleeding disorder or are on a blood thinner,
- are immunocompromised or are on a medicine that affects your immune system,
- are pregnant or plan to become pregnant,
- are breastfeeding,
- have received another COVID-19 vaccine,
- have ever fainted in association with an injection.

**WHO SHOULD GET THE JANSSEN COVID-19 VACCINE?**

FDA has authorized the emergency use of the Janssen COVID-19 Vaccine in individuals 18 years of age and older.

**WHO SHOULD NOT GET THE JANSSEN COVID-19 VACCINE?**

You should not get the Janssen COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine.
- had a severe allergic reaction to any ingredient of this vaccine.

**WHAT ARE THE INGREDIENTS IN THE JANSSEN COVID-19 VACCINE?**

The Janssen COVID-19 Vaccine includes the following ingredients: recombinant, replication-incompetent adenovirus type 26 expressing

the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- $\beta$ -cyclodextrin (HBCD), polysorbate-80, sodium chloride

**HOW IS THE JANSSEN COVID-19 VACCINE GIVEN?**

The Janssen COVID-19 Vaccine will be given to you as an injection into the muscle.

Primary Vaccination: The Janssen COVID-19 Vaccine is administered as a single dose.

Booster Dose:

- A single booster dose of the Janssen COVID-19 Vaccine may be administered at least two months after primary vaccination with the Janssen COVID-19 Vaccine.
- A single booster dose of the Janssen COVID-19 Vaccine may be administered to eligible individuals who have completed primary vaccination with a different authorized or approved COVID-19 vaccine. Please check with your health care provider regarding eligibility for and timing of the booster dose.

**HAS THE JANSSEN COVID-19 VACCINE BEEN USED BEFORE?**

The Janssen COVID-19 Vaccine is an unapproved vaccine. In clinical trials, more than 61,000 individuals 18 years of age and older have received at least 1 dose of the Janssen COVID-19 Vaccine. Millions of individuals have received the vaccine under EUA since February 27, 2021.

**WHAT ARE THE BENEFITS OF THE JANSSEN COVID-19 VACCINE?**

The Janssen COVID-19 Vaccine has been shown to prevent COVID-19. The duration of protection against COVID-19 is currently unknown.

**WHAT ARE THE RISKS OF THE JANSSEN COVID-19 VACCINE?**

Side effects that have been reported with the Janssen COVID-19 Vaccine include:

- Injection site reactions: pain, redness of the skin and swelling.
- General side effects: headache, feeling very tired, muscle aches, nausea, and fever.
- Swollen lymph nodes.
- Blood clots.
- Unusual feeling in the skin (such as tingling or a crawling feeling) (paresthesia), decreased feeling or sensitivity, especially in the skin (hypoesthesia).
- Persistent ringing in the ears (tinnitus).
- Diarrhea, vomiting.

Severe Allergic Reactions

There is a remote chance that the Janssen COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Janssen COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing,
- Swelling of your face and throat,
- A fast heartbeat,
- A bad rash all over your body,
- Dizziness and weakness.

Blood Clots with Low Levels of Platelets

Blood clots involving blood vessels in the brain, lungs, abdomen, and legs along with low levels of platelets (blood cells that help your body stop bleeding), have occurred in some people who have received the Janssen COVID-19 Vaccine. In people who developed these blood clots and low levels of platelets, symptoms began approximately one to two weeks after vaccination. Reporting of these blood clots and low levels of platelets has been highest in females ages 18 through 49 years. The chance of having this occur is remote.

You should seek medical attention right away if you have any of the following symptoms after receiving the Janssen COVID-19 Vaccine:

- Shortness of breath,
- Chest pain,
- Leg swelling,
- Persistent abdominal pain,
- Severe or persistent headaches or blurred vision,
- Easy bruising or tiny blood spots under the skin beyond the site of the injection.



These may not be all the possible side effects of the Janssen COVID-19 Vaccine. Serious and unexpected effects may occur. The Janssen COVID-19 Vaccine is still being studied in clinical trials.

#### **Guillain Barré Syndrome**

Guillain Barré syndrome (a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis) has occurred in some people who have received the Janssen COVID-19 Vaccine. In most of these people, symptoms began within 42 days following receipt of the Janssen COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you develop any of the following symptoms after receiving the Janssen COVID-19 Vaccine:

- Weakness or tingling sensations, especially in the legs or arms, that's worsening and spreading to other parts of the body.
- Difficulty walking.
- Difficulty with facial movements, including speaking, chewing, or swallowing.
- Double vision or inability to move eyes.
- Difficulty with bladder control or bowel function.

#### **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Janssen COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Janssen Biotech, Inc. at the contact information provided below.

e-mail	Fax number	Telephone numbers
<a href="mailto:JNJvaccineAE@its.jnj.com">JNJvaccineAE@its.jnj.com</a>	215-293-9955	US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

#### **WHAT IF I DECIDE NOT TO GET THE JANSSEN COVID-19 VACCINE?**

It is your choice to receive or not receive the Janssen COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

#### **ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES JANSSEN COVID-19 VACCINE?**

Another choice for preventing COVID-19 is Comirnaty, an FDA-approved COVID-19 vaccine. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

#### **CAN I RECEIVE THE JANSSEN COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?**

Data have not yet been submitted to FDA on administration of the Janssen COVID-19 Vaccine at the same time as other vaccines. If you are considering receiving the Janssen COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

#### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

#### **WILL THE JANSSEN COVID-19 VACCINE GIVE ME COVID-19?**


No. The Janssen COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

#### **KEEP YOUR VACCINATION CARD**

When you receive the Janssen COVID-19 Vaccine, you will get a vaccination card to document the name of the vaccine and date of when you received the vaccine.

#### **ADDITIONAL INFORMATION**

If you have questions or to access the most recent Janssen COVID-19 Vaccine Fact Sheets, scan the QR code using your device, visit the website or call the telephone numbers provided below.

QR Code	Fact Sheets Website	Telephone numbers
	<a href="http://www.janssencovid19vaccine.com">www.janssencovid19vaccine.com</a>	US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922

#### **HOW CAN I LEARN MORE?**

Ask the vaccination provider.

Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

Contact your local or state public health department.

#### **WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. For more information about IISs visit:

<https://www.cdc.gov/vaccines/programs/iis/about.html>.

#### **CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination.

However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients).

#### **WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or [TIPS.HHS.GOV](http://TIPS.HHS.GOV).

#### **WHAT IS THE COUNTERMEASURE INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses for certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp) or call 1-855-266-2427.

#### **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**


The United States FDA has made the Janssen COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Janssen COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic. The EUA for the Janssen COVID-19 Vaccine is in effect for the duration of the COVID-19 declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

Manufactured by:

Janssen Biotech, Inc.

a Janssen Pharmaceutical Company of Johnson & Johnson  
Horsham, PA 19044, USA

**janssen**  | THE JOHNSON & JOHNSON COMPANY  
Johnson & Johnson

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For more information, call US Toll Free: 1-800-565-4008, US Toll: (908) 455-9922 or go to [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com) Revised 10/20/21

## **VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS 12 YEARS OF AGE AND OLDER**

You are being offered either COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and also includes information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA). The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine under Emergency Use Authorization (EUA) have the same formulation and can be used interchangeably to provide doses for COVID-19 primary vaccination or a booster dose.<sup>[1]</sup>

COMIRNATY (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by Pfizer for BioNTech. It is approved as a 2-dose series for prevention of COVID-19 in individuals 16 years of age and older. It is also authorized under EUA to provide:

- a two-dose primary series to individuals 12 through 15 years;
- a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise; and
- a single booster dose to individuals 12 years of age and older who have completed a primary series with Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY; and
- a single booster dose to eligible individuals who have completed primary vaccination with a different authorized COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.

<sup>[1]</sup> When prepared according to their respective instructions for use, the FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the EUA-authorized Pfizer-BioNTech COVID-19 Vaccine for individuals 12 years of age and older can be used interchangeably without presenting any safety or effectiveness concerns.

The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide:

- a two-dose primary series to individuals 12 years of age and older;
- a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise; and
- a single booster dose to individuals 12 years of age and older who have completed a primary series with Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY; and
- a single booster dose to eligible individuals who have completed primary vaccination with a different authorized COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see [www.cvdvaccine.com](http://www.cvdvaccine.com).

### **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

#### **WHAT IS COVID-19?**

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness leading to death. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

#### **WHAT IS COMIRNATY (COVID-19 VACCINE, mRNA) AND HOW IS IT RELATED TO THE PFIZER-BIONTECH COVID-19 VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine have the same formulation and can be used interchangeably to provide doses for COVID-19 primary vaccination or a booster dose.<sup>1</sup>

For more information on EUA, see the "What is an Emergency Use Authorization (EUA)?" section at the end of this Fact Sheet.

#### **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE VACCINE?**

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner

- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine
- have ever fainted in association with an injection

#### **HOW IS THE VACCINE GIVEN?**

The Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY will be given to you as an injection into the muscle.

**Primary Series:** The vaccine is administered as a 2-dose series, 3 weeks apart. A third primary series dose may be administered at least 4 weeks after the second dose to individuals who are determined to have certain kinds of immunocompromise.

#### **Booster Dose:**

- A single booster dose of the vaccine may be administered at least 5 months after completion of the primary series of the Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY to individuals 12 years of age and older.
- A single booster dose of the vaccine may be administered to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. Please check with your healthcare provider regarding the timing of the booster dose.

The vaccine may not protect everyone.

#### **WHO SHOULD NOT GET THE VACCINE?**

You should not get the vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

#### **WHAT ARE THE INGREDIENTS IN THE VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the authorized formulations of the vaccine include the following ingredients:

- mRNA and lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol).

Pfizer-BioNTech COVID-19 vaccines for individuals 12 years of age and older contain 1 of the following sets of additional ingredients; ask the vaccination provider which version is being administered:

- potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose

OR

- tromethamine, tromethamine hydrochloride, and sucrose

COMIRNATY (COVID-19 Vaccine, mRNA) contains the following additional ingredients: potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

#### **HAS THE VACCINE BEEN USED BEFORE?**

Yes. In clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the vaccine. Data from these clinical trials supported the Emergency Use Authorization of the Pfizer-BioNTech COVID-19 Vaccine and the approval of COMIRNATY (COVID-19 Vaccine, mRNA). Millions of individuals have received the vaccine under EUA since December 11, 2020. The vaccine that is authorized for use in individuals 12 years of age and older includes two formulations; one that was studied in clinical trials and used under EUA, and one with the same mRNA and lipids but different inactive ingredients. The use of the different inactive ingredients helps stabilize the vaccine under refrigerated temperatures and the formulation can be administered without dilution.

#### **WHAT ARE THE BENEFITS OF THE VACCINE?**

The vaccine has been shown to prevent COVID-19.

The duration of protection against COVID-19 is currently unknown.

#### **WHAT ARE THE RISKS OF THE VACCINE?**

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine, more commonly in males under 40 years of age than among females and older males.

In most of these people, symptoms began within a few days following receipt of the second dose of the vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the vaccine:

- Chest pain

- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with the vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- decreased appetite
- diarrhea
- vomiting
- arm pain
- fainting in association with injection of the vaccine

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

#### WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital. Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away. Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS).

The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include either "COMIRNATY (COVID-19 Vaccine, mRNA)" or "Pfizer-BioNTech COVID-19 Vaccine EUA", as appropriate, in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
<a href="http://www.pfizersafetyreporting.com">www.pfizersafetyreporting.com</a>	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

#### WHAT IF I DECIDE NOT TO GET COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE?

Under the EUA, it is your choice to receive or not receive the vaccine. Should you decide not to receive it, it will not change your standard medical care.

#### ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE?

Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

#### CAN I RECEIVE THE COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?

Data have not yet been submitted to FDA on administration of COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering receiving COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

#### WHAT IF I AM IMMUNOCOMPROMISED?

If you are immunocompromised, you may receive a third dose of the vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

#### WHAT IF I AM PREGNANT OR BREASTFEEDING?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

#### WILL THE VACCINE GIVE ME COVID-19?

No. The vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


#### KEEP YOUR VACCINATION CARD

When you get your first dose, you will get a vaccination card to show you when to return for your next dose(s) of the vaccine. Remember to bring your card when you return.

#### ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
<a href="http://www.cvdvaccine.com">www.cvdvaccine.com</a>	
	1-877-829-2619 (1-877-VAX-CO19)

#### HOW CAN I LEARN MORE?

Ask the vaccination provider.

Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

Contact your local or state public health department.

#### WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

#### CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for noninsured recipients).

#### WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

**WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?** The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

#### WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.


This EUA for the Pfizer-BioNTech COVID-19 Vaccine and COMIRNATY will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



Manufactured by  
Pfizer Inc., New York, NY 10017  
**BIONTECH**  
Manufactured for  
BioNTech Manufacturing GmbH  
An der Goldgrube 12

55131 Mainz, Germany  
LAB-1451-15.1  
Revised: 03 January 2022

# Animal Shelter Monthly Board of Health Report - Jan., 2022

	Jan-22	12 Month Running Average	12 Month Running Total	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21
Dog Beginning Pop.	18	16		15	20	17	16	26	13	20	16	9	12	9
Dogs In	60	71	855	56	71	73	61	72	106	86	76	78	71	45
Owned	22	19	223	20	20	16	21	21	24	19	11	20	17	12
Stray	37	52	622	36	51	57	37	50	82	65	64	57	53	33
DOA In	1	1	10	0	0	0	3	1	0	2	1	1	1	0
Dogs Out	59	70	844	53	75	70	60	82	93	93	72	71	74	42
Adopted	34	25	297	26	29	20	22	33	26	31	26	18	16	16
Rescued	0	1	6	1	2	1	0	0	2	0	0	0	0	0
Return To Owner	21	41	495	23	38	46	32	45	65	56	42	50	55	22
Escaped	0	0	2	0	1	1	0	0	0	0	0	0	0	0
Died	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Euthanized	3	3	34	3	5	2	3	3	0	4	3	2	2	4
DOA Out	1	1	10	0	0	0	3	1	0	2	1	1	1	0
Ending Population	19	17		18	16	20	17	16	26	13	20	16	9	12
Cat Beginning Pop.	11	18		25	15	14	20	26	24	25	19	15	10	14
Cats In	24	38	453	22	40	42	44	53	52	40	47	32	27	30
Owned	14	15	181	15	11	17	12	30	14	13	19	15	12	9
Stray	10	19	226	5	27	21	21	16	34	22	26	12	14	18
Service In	0	3	39	2	2	2	8	7	4	4	1	5	1	3
DOA in	0	1	7	0	0	2	3	0	0	1	1	0	0	0
Cats Out	25	38	458	36	30	41	50	60	50	41	41	28	22	34
Adopted	24	28	332	25	21	30	30	38	36	31	34	19	18	26
Rescued	0	0	2	0	0	0	1	0	0	0	0	0	1	0
Return To Owner	0	1	11	1	0	1	0	1	2	0	2	2	1	1
Escaped	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Died	0	1	10	0	0	0	4	1	1	2	0	1	0	1
DOA Out	0	1	7	0	0	2	3	0	0	1	1	0	0	0
Euthanized	1	1	17	1	1	2	2	2	3	0	1	1	0	3
Return to Field	0	7	79	9	8	6	10	18	8	7	3	5	2	3
Ending Population	10	18		11	25	15	14	20	26	24	25	19	15	10
<b>Total In</b>	84	109	1308	78	111	115	105	125	158	126	123	110	98	75
<b>Total Out</b>	84	109	1302	89	105	111	110	142	143	134	113	99	96	76

**Past 12 Months: Asilomar Live Release Rate- 96.85%; Length of Stay: Dogs - 6.6 days; Cats - 14.8 days**

# Communicable Disease

	Jan-22	12 Mo. Running Avg.	12 Mo. Running Total	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
Campylobacteriosis		1.33	16	2	2	4	1	2	2	2			1		
Chlamydia	22	21	250	30	17	17	19	29	24	15	15	22	27	12	23
Coccidioidomycosis		0.00	0												
Cryptosporidiosis		0.00	0												
Shiga toxin-producing E. coli (STEC)	1	0.42	5	1			1	1						2	
Ehrlichiosis		0.08	1					1							
Giardiasis	2	0.67	8	1		1			2	2		1	1		
Gonorrhea	2	2.50	30	3	4	3	2	3	4	3	1		4	2	1
Haemophilus Influenzae invasive	1	0.08	1											1	
Hepatitis A		0.00	0												
Hepatitis B chronic		0.25	3			1		1					1		
Hepatitis B acute		0.08	1												1
Hepatitis C acute		0.17	2	1				1							
Hepatitis C chronic	2	5.33	64	7	2	2	7	4	6	3	5	5	6	8	9
HIV		0.00	0												
Influenza hospitalization	3	0.00	0												
Influenza death		0.00	0												
Lead Poisoning		0.33	4					2					2		
Legionellosis		0.00	2		2										
Listeria		0.00	0												
Lyme Disease		0.00	0												
Malaria		0.08	1							1					
Pertussis		0.00	0												
Salmonellosis		0.33	4	1				1				1	1		
Shigellosis		0.17	2					1	1						
Spotted Fever Rickettsiosis		0.00	0												
Streptococcus pneumoniae, invasive		0.58	7	1	2	1			1				2		
Streptococcal Toxic Shock Syndrome		0.00	0												
Syphilis		0.92	11	1	1	1	1	1	1			3			2
Transmissible spongiform encephalopathies		0.08	1					1							
Tuberculosis (active)		0.00	0												
Tuberculosis (latent)		0.67	8			5		1	2						
Varicella (chickenpox)		0.08	1								1				
Vibriosis		0.25	3	1					2						
Month total	33		424	49	30	35	31	49	45	26	22	32	45	25	35



# Population Health Board of Health Report January 2022



## TOBACCO USE PREVENTION PROGRAM

### FY21 CALLS TO MONTANA TOBACCO QUITLINE

	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	FY 22 Total
FLATHEAD COUNTY	9	13	10	7	4	11							54
STATEWIDE	130	128	127	127	113	119							744
% TOTAL CALLS IN MONTANA	6.92	10.15	7.87	5.51	3.53	7.26							

## MONTANA CANCER SCREENING PROGRAM

### FY21 MONTANA CANCER SCREENING PROGRAM – Goal 660

	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	FY 22 Total
SCREENINGS COMPLETED	9	20	24	51	43	26	33						206
% OF GOAL	1%	4%	8%	16%	22%	26%	31%						31%
# PATIENT NAVIGATION ENROLLED	3	12	14	23	26	17	3						86
BREAST SCREENING DIAGNOSED AS CANCER	1	0	0	1	0	1	1						4
CERVICAL SCREENING FOR FY21 (PAP, HPV, COLPO)	10	28	37	20	59	41	19						214
BREAST SCREENING FY21 (CBE, MAMMO, DIAGN, ETC)	12	12	17	80	33	28	60						242
CERVICAL SCREENING DIAGNOSED AS CANCER	0	0	0	0	0	0	0						0

## AMERICAN INDIAN BREAST AND CERVICAL – GOAL 40

	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	FY 22 Total
SCREENED	0	0	0	1	1	0	1						3
% OF GOAL													8%

\*If a patient has had both a cervical screening and a breast screening they will count as only 1 in our overall number to the state.

## SAFE KIDS SAFE COMMUNITIES

### CAR SEATS

	Jan 22	12Mo. Running Average	12Mo. Running Total	Dec 21	Nov 21	Oct 21	Sept 21	Aug 21	July 21	Jun 21	May 21	Apr 21	Mar 21	Feb 21	Jan 21
CHECKED (Not Provided By FCCHD)	4	6.41	77	4	7	8	10	3	11	6	11	4	8	2	3
FREE OR REDUCED	3	5	60	3	2	8	3	3	9	3	9	5	4	2	3

### ALIVE AT 25

	Jan 22	12Mo. Running Average	12Mo. Running Total	Nov 21	Nov 21	Oct 21	Sep 21	Aug 21	July 21	Jun 21	May 21	Apr 21	Mar 21	Feb 21	Jan 21
NUMBER OF STUDENTS	1	7.41	89	12	15	12	0	13	8	8	7	7	7	0	0

# SHARPS PROGRAM

FY22 SHARPS DISTRIBUTIONS													
	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22						FY 22 Total
NUMBER OF PHARMACIES VISITED EACH MONTH	14	14	14	14	14	14	14						
NUMBER OF SHARPS CONTAINERS GIVEN	200	115	204	195	278	138	145						1,275
NUMBER OF SHARPS CONTAINERS TAKEN TO LANDFILL	159	121	188	108	247	185	129						1,137

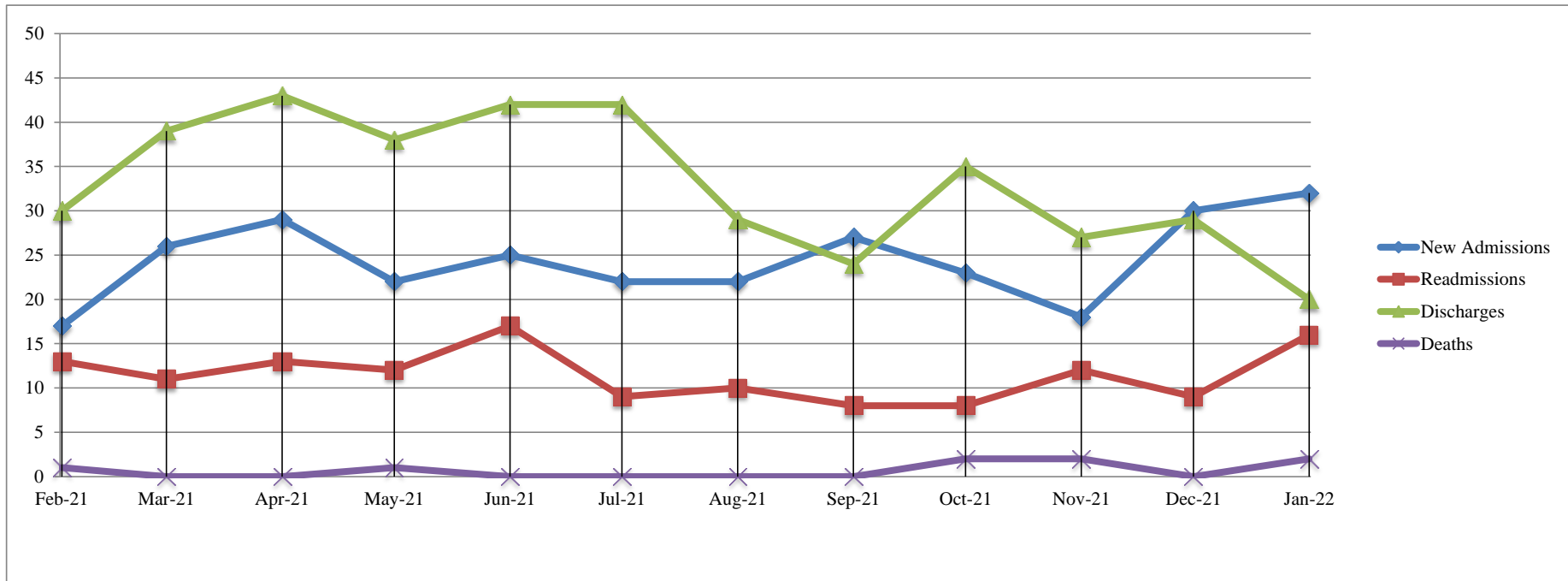
Flathead Choice Home Health  
Admissions by Referral 12 Months

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	12 Month Totals
Alpine Family Medicine	1												1
Bigfork Medical Clinic									1	1			2
Beehive Assisted Living CF	1			1	1	1	1						5
Beehive Assisted Living Kalispell		3		1	1	1		2	2	2	2	1	15
Big Sky Family Medicine		1											1
Big Sky IV													0
Brendan House		1				2	1						4
Bucheles Plastic Surgery													0
Buffalo Hills Terrace					1		1						2
Coordicare													0
Echoview Assisted Living	1											1	2
Edgewood Vista	2	1											3
Evergreen Community Clinic										1			1
Family Healthcare			2	1			3		1				7
Flathead Community Clinic							1						1
Flathead Valley Orthopedics													0
Genesis Healthcare													0
Glacier Medical Associates		2		2	5	2	4	2	1	6	6	3	33
Glacier Neuroscience and Spine											1		1
Glacier Peak Medical													0
Greater Valley Health Care											1	1	2
Heaven's Peak			2		2	1	3		2		2		12
Heritage Place	1	1	1	4	3	1							11
Hidden Meadows ALF	5	3			1	1			1	1			12
Home Options / Logan Home Health					1					2	1	2	6
Hosanna Healthcare											1		1
Immanuel Lutheran			1		1				1				3
Kalispell Diagnostics													0
Kalispell Medical Offices				2		1	1	1					5
Kalispell Regional Medical Center / Logan Health	6	8	14	9	10	7	2	13	9	7	13	27	125
Kalispell Wound Care Clinic		1			1								2
Lakeview Care Center	2	1	1	3	1	1							9
North Valley Hospital / Logan Health Whitefish	3	5	5	3	6	7	8	9	6	8	8	9	77
Northwest Family Medicine	1						1	1					3
NW Orthopedic Sports and Medicine	1												1
Prestige Assisted Living											1		1
Renaissance													0
Rocky Mountain Heart & Lung													0
Sacred Heart Spokane													0
St. Patricks Hospital		1			1				1	1			4
St Luke's						1		1					2
The Professional Center	1	1	1	2	1	1	4		1	1			13
The Retreat		1	4	1	1		1	3		1	1	1	14
The Springs	1	3	3	1	1	3		3	3	2	1	1	22
Sullivan Park Care Center SNF													0
Timber Creek Village ALF		1											1
VA Primary Care	1	2	1	2	1		1						8
Veterans Medical Center					1	1			1			1	4
West Shore Medical Clinic					1	1							2
Whitefish Care and Rehab	3		2	1	1						1	1	9
Woodland Clinic		1		1			1		1				4
TOTALS	30	37	37	34	42	32	33	35	31	33	39	48	431



**Flathead Choice Home Health  
Census Statistics 12 Months**

<i>Patient Census</i>	<i>Feb-21</i>	<i>Mar-21</i>	<i>Apr-21</i>	<i>May-21</i>	<i>Jun-21</i>	<i>Jul-21</i>	<i>Aug-21</i>	<i>Sep-21</i>	<i>Oct-21</i>	<i>Nov-21</i>	<i>Dec-21</i>	<i>Jan-22</i>	<b>Monthly Averages</b>
<b>Beginning Census</b>	58	57	55	54	49	49	38	41	52	46	47	48	50
<b>New Admissions</b>	17	26	29	22	25	22	22	27	23	18	30	32	24
<b>Readmissions</b>	13	11	13	12	17	9	10	8	8	12	9	16	12
<b>Discharges</b>	30	39	43	38	42	42	29	24	35	27	29	20	33
<b>Deaths</b>	1	0	0	1	0	0	0	0	2	2	0	2	1
<b>Ending Census</b>	57	55	54	49	49	38	41	52	46	47	48	74	51



**Flathead Choice Home Health**  
**Census and Visit Statistics 12 Months**

<i>Billable Skilled Visits</i>	<i>Feb-21</i>	<i>Mar-21</i>	<i>Apr-21</i>	<i>May-21</i>	<i>Jun-21</i>	<i>Jul-21</i>	<i>Aug-21</i>	<i>Sep-21</i>	<i>Oct-21</i>	<i>Nov-21</i>	<i>Dec-21</i>	<i>Jan-22</i>	<i>Totals</i>
<b>Skilled Nursing</b>	178	202	214	183	142	111	122	153	207	186	121	169	1988
<b>Physical Therapy</b>	356	293	264	312	186	154	152	116	211	248	220	261	2773
<b>Occupational Therapy</b>	59	56	53	42	42	29	32	42	61	54	45	57	572
<b>Speech Therapy</b>	3	4	0	0	0	0	0	0	0	0	0	0	7
<b>Social Worker</b>	1	0	3	0	0	0	1	1	0	0	0	1	7
<b>Totals</b>	<b>597</b>	<b>555</b>	<b>534</b>	<b>537</b>	<b>370</b>	<b>294</b>	<b>307</b>	<b>312</b>	<b>479</b>	<b>488</b>	<b>386</b>	<b>488</b>	<b>5347</b>

